

# Enrolment Form

## Course: NVQ2 / Level 2 Pharmacy Services Course for Hospital Pharmacy



Please complete all fields, in capitals and delete where appropriate.

### Student details:

<b>First Name:</b>	<b>Last Name:</b>
<b>Title:</b> Mr / Mrs / Miss / Ms	<b>Gender:</b> Male / Female
<b>Email address:</b>	
<b>Date of Birth:</b>	<b>Are you registered disabled?</b> Yes / No
<b>Do you consider yourself to have a disability?</b> Yes / No	
<b>Do you wish to discuss any needs for additional support with a member of Buttercups staff?</b> Yes / No	
<b>Ethnicity (select ONE only):</b>	
<b>Asian or Asian British:</b> Chinese / Bangladeshi / Indian / Pakistani / Other Asian Background	
<b>Black or Black African:</b> African / Caribbean / Other black background	
<b>White:</b> British / Irish / Other white background	
<b>Mixed:</b> White and Asian / White and black African / White and black Caribbean / Any other	

### Hospital details:

<b>Hospital name:</b>	
<b>Hospital address:</b>	
<b>Post code:</b>	
<b>Tel:</b>	<b>Fax:</b>
<b>Email address:</b>	<b>Working hours:</b>

### Trust details:

<b>Trust name:</b>	
<b>Trust address:</b>	
<b>Post code:</b>	
<b>Tel:</b>	<b>Fax:</b>

### Invoice address:

<b>Company name:</b>	
<b>Invoicing address:</b>	
<b>Post code:</b>	
<b>Tel:</b>	<b>Fax:</b>

### Delivery of the Course:

<b>This course is available to complete either as a paper version, or on-line with interactive tutorials:</b>
<b>Please indicate how you would like this course to be delivered:</b> Paper Version / On-Line
(Please note, there is an additional admin charge for the paper version of this course)

**Self-Declaration of Qualifications:**

If you have or are studying **any** of the following qualifications, please tick the relevant boxes:

Academic Qualifications	Yes	No	Vocational Qualifications	Yes	No
5 GCSE or O Level grades A to C			BTEC General Cert with credit		
			BTEC Diploma with credit		
5 CSE grade 1's			BTEC First Diploma or higher		
			C & G Higher Operative or craft		
1 or more A level – if yes please state how many			GNVQ Intermediate or higher		
			NVQ Level 2, 3, 4 - please indicate level		
2 or more AS Levels if yes please state how many			PEI Stage 2		
			Pitman's Intermediate Level 2		
LCCI Certificate (2 <sup>nd</sup> )			RSA Diploma		

**Prior Qualifications:**

Please indicate any other qualifications you have completed in the past. Where you have no other previous qualifications please state 'none':

Qualification	Level or Grade	Date achieved		

**Additional Information:**

Please tick/complete all relevant boxes:	
I have been a resident in the European Union for a minimum of three years	
Date of entry into the European Union (if relevant)	
Please state nationality	
I have a permanent National Insurance Number	
I have a contract of Employment with Employer, and I am not a volunteer	
I am or will be aged 19 or more on the day training starts	
I am not receiving any other government funding for training	
I do not already hold a full level 2 qualification or higher	

**Declaration:**

I understand that if I have declared false information the provider may take action against me to reclaim the tuition fees and any support costs provided.

Learner Name:		Learner Signature:	
Employer Name:		Employer Signature:	
Provider Name:	Buttercups Training Ltd	Provider Signature:	

## SKILLS SCAN

**Candidate Name:**

**Job Title:** **Pay Band:**

**Total number of hours worked each week:**

**Allocated study time (days and times):**

*Please complete the following table with your Assessor/Workplace Training Manager:*

Unit number	I often carry out these tasks	I can obtain evidence easily	I rarely carry out these tasks	I will find it difficult to obtain evidence	I never carry out these tasks
<b>Mandatory units:</b>					
004 Health & Safety					
201 Pharmacy Customer Service					
202 Teamwork					
<b>Optional units:</b>					
203 Assist in supply of prescribed items					
204 Assist in assembly of prescribed items					
205 Order, receive & store pharmaceutical stock					
206 Assist with supply of pharmaceutical stock					
010 Assist in the sale of OTC medicines					
207 Prepare to make Pharmaceutical products					
208 Assist with manufacture and assembly					
209 Assist with the prep of aseptic products					

**Candidate Signature:** **Date:**

**Workplace Training Manager / Assessor Name:** **Date:**

**Workplace Training Manager / Assessor Signature:** **Date:**

*Buttercups Training use only*

Centre course details:

**Data protection consent:**

Under UK and European Data Protection legislation, data from which living individuals can be identified are classed as 'personal data'. The handling of personal data has to comply with legal requirements covering such things as the way in which this information is acquired, how it is processed and the extent to which it is disclosed or transferred to others. Buttercups Training needs to store data about you and your course progress.

The data you provide on this form will be used by Buttercups Training for administrative and statistical purposes. By submitting your personal data you are giving your consent for it to be used for these purposes. It will be used in accordance with the relevant legislation, including the Data Protection Act 1998. If you have any questions about the use of the data collected here or other personal information, please contact Buttercups Training on 0115 937 4936.

Please fill in this form and return it to Buttercups Training to consent to us storing your data electronically.

I hereby give my consent to the storage of personal information about me and my course progress. I understand that this information may remain available and in storage after I have finished my course of study.

Name of Candidate:	
Signature of Candidate:	
Date:	