

Enrolment Form

Course: Technical Certificate



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

Student details:

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

Company details:

Company name:	
Company address:	
Post code:	
Tel:	Fax:
Email address:	Working hours:

Invoice address – if different from above:

Company name:	
Invoicing address:	
Post code:	
Tel:	Fax:

Delivery of the Course:

This course is available to complete either as a paper version, or on-line with downloadable training materials:	
Please indicate how you would like this course to be delivered:	Paper Version / On-Line

Accreditation of prior knowledge:

Please state if you have completed any previous pharmacy-related courses, such as a Dispensing Assistant Course or a Medicine Counter Assistant Course and include a copy of your certificate:

Expert Witness:

If you are working in a dispensary environment, your expert witness can be a Pharmacist or Senior Technician - please register their details below:

Name of Supervising Pharmacist/Senior Technician:	
Signature of Pharmacist/Senior Technician:	
Registration number:	
No of hours per week you will supervise the candidate:	
Date:	

If more than one Pharmacist/Senior Technician is supervising then please add their details below:

Name of Supervising Pharmacist/Senior Technician:	
Signature of Pharmacist/Senior Technician:	
Registration number:	
No of hours per week you will supervise the candidate:	
Date:	

If you are not working in a dispensary environment, please tick here
You can still undertake the course, but you will need to have access to a dispensary environment, as you will need to find out about standard organisational procedures.

Statement of authenticity:

All work completed must be that of the student. All word processed documents should be signed and dated. The pharmacist / senior technician should make use of oral / written questions to identify work sent to Buttercups as authentic. Candidates may study together but all assignments should be completed independently.

Statement re: Forgeries

On receiving any forged work Buttercups Training reserve the right to remove the candidate from the course.

Forged work can be identified as:

- A falsified witness signature
- Falsified evidence where the evidence has not been produced by the person claiming to do so
- Statements made on a candidate’s performance are untrue and both the candidate and witness have signed to confirm its authenticity

Forgeries invalidate evidence and on the event of receiving forged work the candidate will be contacted directly and a decision made either requesting the candidate to resubmit evidence for the whole unit to which the evidence applies, or removal of the candidate from the course.

Name of Candidate:	
Signature of Candidate:	
Date:	

Name of Pharmacist/Senior Technician authenticating work:	
Signed:	
Date:	

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:	