



## LEVEL 3 TECHNICAL CERTIFICATE IN PHARMACEUTICAL SCIENCE ENROLMENT FORM

### LEARNER DETAILS

<b>First name:</b>		<b>Last name:</b>	
<b>Title:</b> Mr / Mrs / Miss / Ms		<b>Gender:</b> Male / Female	
<b>Age:</b>	<b>Email address:</b>		
<b>Date of Birth:</b>	<b>National Insurance Number:</b>		
<b>Do you consider yourself to have a disability or health problem?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state:			
<b>Do you consider yourself to have a learning difficulty?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state:			
<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			
<b>Please indicate how you would like this course to be delivered:</b> Paper Version / On-Line			

### EMPLOYER DETAILS

<b>I can confirm that I am Employed and have a Contract of Employment:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>I am Self Employed (since .....)</b> and I have registered my self-employment with HM Revenue and Customs: Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>I can confirm that I am a volunteer and receive no payment for work undertaken other than incurred expenses where payable:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Employer name:</b>	
<b>Workplace / Branch address:</b>	
	<b>Post code:</b>
<b>Tel:</b>	<b>Fax:</b>
<b>Branch Email Address:</b>	

### INVOICE ADDRESS (if different from above)

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

### EMPLOYMENT DETAILS

<b>How many hours do you work per week in total?</b>	<input style="width: 100%;" type="text"/>
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**Please state your working hours for each day:**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

## COURSE REQUIREMENTS

### Declaration of Intention:

In order to register with the General Pharmaceutical Council (GPhC) as a pharmacy technician from July 2011, when mandatory registration commenced, candidates must meet a number of requirements:

- Completion of an approved competence based qualification
- Completion of an approved knowledge based qualification (this course)
- 2 years relevant work-based experience working under the guidance or supervision of a pharmacist for a minimum of 14 hours per week (note: this commences from the day the candidate is enrolled on to a relevant training programme)

Completing all the requirements above does not guarantee registration with the GPhC. The pharmacy regulator will undertake further checks on character, health and relevant work experience before registration is granted. As of July 2011 it is an offence for anyone who is not registered with the General Pharmaceutical Council to pretend to be a pharmacy technician.

If you are working for a minimum of 14 hours per week under the supervision or guidance of a pharmacist then you will be known as a **pre-registration trainee pharmacy technician**. You will be subject to the Code of Conduct for pre-registration trainee pharmacy technicians set out by the GPhC and will be eligible to apply for registration as a pharmacy technician on successful completion of all necessary training.

If you will be completing the course without the required supervision or guidance of a pharmacist you **will not** be able to refer to yourself as a pre-registration trainee pharmacy technician and will not be able to apply for registration until the necessary work experience has been undertaken. For further guidance on this, please visit our website [www.buttercups.co.uk](http://www.buttercups.co.uk) or contact [training@buttercups.co.uk](mailto:training@buttercups.co.uk).

The study time to complete the course is 720 hours over 2 years. During this time you will need access to the following resources as a minimum:

- The BNF
- The Medicines Ethics and Practice Guide
- The Drug Tariff
- Access to the internet (for example, at home or the local library)

### Learner Declaration (please tick the appropriate box and sign):

As the trainee I understand that when undertaking this training course with Buttercups Training Ltd:

- As I am working with the required level of pharmacist supervision / guidance I can practice as a pre-registration trainee pharmacy technician but my registration with the GPhC will require further checks and is not guaranteed. I am aware I should abide by the Code of Conduct set out by the GPhC and any concerns with regard to my health, conduct or performance will be reported to Buttercups Training Ltd and / or the GPhC. This could result in my course being terminated or my Registration being refused.
- I do not have the required level of pharmacist supervision / guidance so will not be eligible to register as a pharmacy technician on completion of the courses and cannot call myself a pre-registration trainee pharmacy technician whilst I study the course.

Print Name:

Signature of Learner:

### Employer Declaration (please tick the appropriate box and sign):

- I can confirm that the trainee will work under the supervision or guidance of a pharmacist for a minimum of 14 hours per week for two years. During this time we will share information relating to their trainee's health, conduct or performance that is contrary to the Code of Conduct for Pre-registration Trainee Pharmacy Technicians.
- I can confirm that the trainee will not be eligible to register as a pharmacy technician on completion of this course as they will not have adequate work-place supervision or guidance from a pharmacist. I have discussed the implications of this with the trainee and they will not call themselves a pre-registration trainee pharmacy technician.

Print Name:

Signature of Employer:



### 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  
Please supply Buttercups with copies of all certificates listed when returning this enrolment form.

Qualifications Obtained:	Date Qualification completed:

### Mentor:

It is required that the learner has a workplace Mentor to support them through their programme. The Mentor will work alongside Buttercups Training Ltd to ensure that the learner has help, support and guidance in accordance with the guided learning hours of the programme to ensure timely completion of their programme.

Name of Mentor:	
Number of hours per week the Mentor works alongside the Learner:	
Please also provide us with an email contact address so that we can send you details of how to access further information on the mentor website, to support you in your role.	Email:

All those responsible for the education and training of pre-registration trainee pharmacy technicians have a responsibility to share information relating to their trainee's health, conduct or performance to ensure that those providing tutoring and supervision are properly informed. The standards expected of a trainee are available in the GPhC Code of Conduct for Pre-Registration Trainee Pharmacy Technicians.

### 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.

By filling in this enrolment form and returning it to Buttercups you are consenting to us storing your data electronically.

### DECLARATION

As the Learner and Employer, we can confirm that the learner has read through, understood and completed all the information contained within this enrolment form. To our knowledge, all personal information within this form is correct. The Learner understands that if any false information has been declared, the Provider may take action against them to reclaim the tuition fees and any support costs provided. The Learner gives their consent to the storage of personal information and course progress. The Learner understands that this information may remain available and in storage after course completion.

Learner Name:	Learner Signature:
Supervising Pharmacist / Technician / Manager's Name:	Supervising Pharmacist / Technician / Manager's Signature: