



**APPLICATION PACK - COMMUNITY PHARMACY / HOSPITAL
LEVEL 3 DIPLOMA IN PHARMACY SERVICE SKILLS (NVQ) (QCF) WITH
UNDERPINNING KNOWLEDGE**

LEARNER PERSONAL DETAILS:

(NB – please give your full legal name for certification purposes)

First name(s):		Family / Surname:	
Title: Mr / Mrs / Miss / Ms	Gender: Male / Female	Previous Surname (if app):	
Date of Birth: ____ / ____ / ____	Age:	National Insurance Number: _____	
Telephone (home):		Telephone (mobile):	
Email Address:			<i>Buttercups to complete if applicable</i> Type of ID: Registration Number:
Current Address and Postcode:			
Previous Address and Postcode (if less than 3 years at current address):			
Next of Kin / Emergency Contact Full Name:		Relationship:	Contact Number:
<p><i>If you have more than one Learning Difficulty / Health Problem, please circle one of the listed to confirm the primary Learning Difficulty / Health Problem.</i></p> <p>Do you consider yourself to have a disability or health problem(s)? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please state: <input style="width: 150px;" type="text"/></p> <p>Are the stated disability or health problem(s) diagnosed? Yes <input type="checkbox"/> No <input type="checkbox"/></p>			<p><i>Buttercups to complete if app</i> Learning Difficulty / Health Problem Code:</p>
<p>Do you consider yourself to have any learning difficulties? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please state: <input style="width: 150px;" type="text"/></p> <p>Are the learning difficulties diagnosed? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, do you have an Education Health Care Plan? <input type="checkbox"/></p> <p>If yes, do you have a Section 139A Learning Difficulty Assessment? <input type="checkbox"/></p>			<p><i>Buttercups to complete if app</i> Health Problem Code: Learning Difficulty Code:</p>
<p>Is English your First Language? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, please state your First Language: <input style="width: 150px;" type="text"/></p>			

Please tick which statement applies:	Tick below:
I am aged 16-17 and in care	
I am aged 18-24 and have an Education, Health and Care plan	
I am under the age of 25 and have previously been in care of the local authority between the age of 14 - 18	
I receive health and social care support	
I am a carer	
Other, please state: _____	
None of these statements apply	

Only to be completed by Learners aged 16 or 17:	
I am aged 16 - 17 and living with immediate family:	Yes <input type="checkbox"/> No <input type="checkbox"/>



SECTION 1: ETHNICITY AND RESIDENCY CHECKS

Ethnicity (circle ONE only):

Asian / Asian British: Chinese / Bangladeshi / Indian / Pakistani / Other Asian Background

Black / Black African / Black British: African / Caribbean / Other Black Background

White / White British: British / Irish / Gypsy or Irish Traveller / Other White Background

Multiple: White and Asian / White and Black African / White and Black Caribbean / Other Multiple Ethnic Background

Arab or Other: Arab / Any Other Ethnic Group

Buttercups to complete if applicable
 Ethnicity Code:

Please state your Country of Birth:

1. Are you a British Citizen?

Yes *If yes, continue to Section 2.*

No *If no, continue to Section 1 Question 2.*

2. Are you a Citizen of a country within the European Economic Area (EEA)?

Yes Please state the country:
 Please state your Date of Entry into the UK: *then continue to Section 2.*

No *If no, continue to Section 1 Question 3.*

3. Are you a non-EEA Citizen with permission from the UK government to live in the UK, (not for educational purposes)?

Yes Please state the country:
 Please state your Date of Entry into the UK: *then continue to Section 2.*

No *If no, please contact Buttercups Training before completing the rest of the Application Pack.*

SECTION 2: ETHNICITY AND RESIDENCY CHECKS

1. Have you lived in the UK permanently for the last 3 years?

Yes *If yes, you do not need to complete Section 2 Question 2.*

No *If no, continue to Section 2 Question 2.*

2. Please state the countries of residence for the last 3 years and date of entry into each:

Are you currently studying for any qualifications with any other educational establishment e.g. college, university, private training provider? Yes No

If yes, please provide the following information:

Name of establishment:

Course Title:

Who paid for the course:

For more information about the course please view this website: <http://tinyurl.com/enrolment-decisions>

You will have access to the courses online. Please tick here if you would also like to receive a paper version (paper-based course cost will apply)

Please tick here if you have access to a computer / tablet and the internet at: Home Work

Please tick to confirm that you understand that the Level 3 programme will require you to dedicate 6-8 hours' study and training time per week



EMPLOYMENT DETAILS:

Are you Employed? Yes No

Have you been issued with a Contract of Employment? Yes No

If yes, please tick what type of contract you hold:
Permanent Contract
Fixed Term Contract Please state Fixed Term Contract End Date: _____

Are you Self Employed and have registered self-employment with HM Revenue and Customs:
 Yes No

If yes, please confirm whether this relates to your job in the pharmacy: _____

Are you a volunteer and receive no payment for work undertaken other than incurred expenses where payable: Yes No

Length of employment in the pharmacy industry: _____ years _____ months

How long have you been working for your current employer? _____ years _____ months

How many hours are you contracted to work per week in total?

Buttercups to complete
 Full Time (30+)
 Part Time (16-29)

Do you have a zero hours contract? Yes No

If yes, signing this application pack confirms that you will provide timesheets (minimum of 4 weeks) as proof.

Please state your contracted working hours for each day (for example – Monday 9-5):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

LEARNER TO COMPLETE:

Do you understand the difference between health and safety and safeguarding?	Please circle: Yes / No
Do you understand how safeguarding protects you?	Please circle: Yes / No
Do you know what British Values are? <i>Please note, Buttercups Training will supply additional resources and information on British Values and what this means. This question is to seek your understanding on enrolment.</i>	Please circle: Yes / No
Have you received Health and Safety induction and training?	Please circle: Yes / No
Are you aware of any risk assessments in place for your job role?	Please circle: Yes / No
Are there any personal circumstances you wish us to know about which may impact your training? <i>If so, please add details for our records:</i>	



EMPLOYER DETAILS:

Company / Employer name:									
Trading as (if applicable):									
Workplace / Branch address:									
Postcode:	Tel:								
Please state the number of employees based at this branch: <input type="text"/>									
Branch Manager:									
Branch / Branch Manager's email address:									
Pharmacy Superintendent:	<i>Buttercups to complete if applicable.</i> ERN:								
Is this employer part of a group: Yes <input type="checkbox"/> No <input type="checkbox"/> <u>If Yes, please state name:</u>	<table border="1"> <tr> <th colspan="4">Please tick which status applies to the Employer:</th> </tr> <tr> <td>Small (<50 employees)</td> <td></td> <td>Medium</td> <td>Large (1000+ employees)</td> </tr> </table>	Please tick which status applies to the Employer:				Small (<50 employees)		Medium	Large (1000+ employees)
Please tick which status applies to the Employer:									
Small (<50 employees)		Medium	Large (1000+ employees)						
Is the employer a Levy payer? Yes <input type="checkbox"/> No <input type="checkbox"/>	<p>If yes, is the employer interested in Apprenticeships? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, please tick if you <u>do not</u> wish for this application to be screened for potential funding opportunities <input type="checkbox"/></p>								

INVOICE ADDRESS: (if different from above)

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

MANAGER TO COMPLETE:	
Please supply contact details of the person, within your branch, who is responsible for Health and Safety:	Name: Telephone Number: Email:
Does the company have a safeguarding policy / statement?	Please circle: Yes / No
Is there a Health and Safety policy in place?	Please circle: Yes / No
Please state how often the Health and Safety policy is reviewed:	<input type="text"/>
Have risk assessments been carried out to identify risks and put adequate risk control measures in place?	Please circle: Yes / No
Are you aware of and do you promote British Values within the workplace? <i>If no, please note we will provide you with additional resources</i>	Please circle: Yes / No
Do you have a Young Workers policy in place? <i>This is relevant if you have any employees under the age of 18.</i>	Please circle: Yes / No / N/A
Do you have any policies relating to e-safety or social media use in place?	Please circle: Yes / No
Do you have an Anti-bullying and Harassment policy in place?	Please circle: Yes / No
Have you completed the relevant health and DBS checks for your employees?	Please circle: Yes / No
Do you know who the Local Prevent Officer is for the region of the country the branch is located in? <i>Please note this question relates to Prevent Officers at the local authority.</i>	Please circle: Yes / No If yes, please state: <input type="text"/>



QUALIFICATIONS CURRENTLY ATTAINED

Please supply Buttercups with copies of all certificates relating to pharmacy, Maths and English qualifications when returning this Application Pack. Please ensure these are signed by your manager to authenticate them as true copies and that you enclose name change evidence if the certificates are issued in an alternative name to the one provided on this Application Pack.

Please provide the names of any school, college, university or other educational establishment you have studied at:	
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Please provide the postcode(s) of your home address for the time period you attended school/college:	
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Do you already hold any Pharmacy Qualifications?	Yes / No	<i>If yes, please state the type of qualification, including level or grade:</i>	<i>If yes, please state the Date Achieved:</i>	<i>If yes, have you enclosed a copy of your certificate?</i> Yes / No
Have you ever started but did not fully achieve any Pharmacy Qualifications?	Yes / No	<i>If yes, please state the type of qualification, including level and organisation with whom you studied:</i>	<i>If yes, please state the year(s):</i>	<i>If yes, do you have any records?</i> Yes / No

<u>Please declare ALL qualifications you hold in addition to those listed above:</u>	Subjects Taken and Grades:	Date Achieved:
Level 4 and above – Examples of Qualifications <ul style="list-style-type: none"> QCF Award / Certificate / Diploma (Levels 4-8) HNC (Level 4) / HND (Level 5) Certificates of higher education (Level 4) Foundation or Bachelor’s degrees (Level 5 and 6) 		
Level 3 – Examples of Qualifications <ul style="list-style-type: none"> A Levels (2 or more advanced level passes) 4 or more AS Levels QCF Diploma Level 3 / NVQ QAA Access to HE GNVQ Advanced 		
Level 2– Examples of Qualifications <ul style="list-style-type: none"> GCSE / O Level (5 or more GCSEs grade A*-C) 2 or 3 AS Levels CSE Grade 1 (5 or more) 1 A Level QCF Diploma / Certificate Level 2 / NVQ Level 2 GNVQ Intermediate 		
Level 1– Examples of Qualifications <ul style="list-style-type: none"> GCSE / O Level (5 or more at grades D-G or fewer than 5 at grades A-C) 1 AS Level QCF Diploma / Certificate / Award / NVQ Level 1 Certificate in Adult Literacy, Numeracy, ESOL GNVQ Foundation 		
Entry Level– Examples of Qualifications <ul style="list-style-type: none"> QCF Entry Level QCF Certificate at Entry Level Certificate in Adult Literacy, Numeracy, ESOL 		
<input checked="" type="checkbox"/> No Qualifications – please tick the statement	I confirm that I do not hold any qualifications: <input type="checkbox"/>	



Buttercups to complete Prior Attainment Code:	Buttercups Admin Use – APL / RPL
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Mentor:

As per the Learning Agreement on page 10, it is required that the learner has a workplace Mentor to support them through their programme and that **at least 1 hour study time per week is granted**. 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. For more information on the role of the mentor please look at this website: <http://tinyurl.com/enrolment-decisions-mentor>

Name of Mentor:		
Email Address:		
Number of hours per week the Mentor works alongside the learner:		
Agreed day for allocated study time (during normal working hours):		
Are you providing the learner with an appropriate study area?	<i>Please provide details of Study Area:</i>	
Does the Mentor have a significant relationship with the learner? If yes, please state the type of relationship.	Please circle: Yes / No	Details:

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 and 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.

Expert Witness:

It is a requirement that the learner is observed in the workplace throughout their course by an Expert Witness. This must be either a Pharmacist or a Senior Pharmacy Technician. Please provide details of the Expert Witness below.

Name of Expert Witness:		
Signature of Expert Witness:		
Registration number:		
Email Address of Expert Witness:		
Does the Expert Witness have a significant relationship with the learner? If yes, please state the type of relationship.	Please circle: Yes / No	Details:

Statement of authenticity:

All work completed must be that of the learner. 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. Learners may study together but all assignments should be completed independently.

Forgeries Statement:

On receiving any forged work Buttercups Training reserve the right to remove the learner 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 learner's performance are untrue and both the learner and witness have signed to confirm its authenticity

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

Student Handbook:

The learner can access the Buttercups Student Handbook within the learner log in section of the website. Learners can request a paper copy by email or telephone. The learner can refer to the handbook for any information regarding grievance procedures, equal opportunities, equality and diversity, complaints and appeals procedures and the roles of the assessors / IV / EV.

Learner Conduct Guide:

It shall be the duty of all our learners in all their acts and behaviour to observe and maintain honest and peaceable behaviour at all times. All learners are required to observe their workplace's policies and procedures.

We define misconduct as behaviour which, in its broadest sense, constitutes improper interference with the functioning or activities of the workplace, or those who work and study there. We may take disciplinary action in relation to behaviour which affects members of the public which is not honest and peaceable and which damages the standing of the workplace.

The Learner Discipline Committee shall be appointed annually by the Board and shall have the following constitution:

- A minimum of two members of the academic staff, one of whom shall act as chair
- A minimum of one lay member, external to our organisation

The Learner Discipline Committee shall have the power to recommend that the learner is withdrawn from the programme to the Head of Centre.

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 application pack and returning it to Buttercups you are consenting to us storing your data electronically.

Personal Learning Record:

By signing this Application Pack, I give my authorisation for my PLR (Personal Learning Record) to be opened by an authorised person (training provider or main provider) if not already available. I understand further information regarding this is available on www.gov.uk/learningrecordservice.



SKILLS GAP ANALYSIS – to be discussed with your manager and the relevant boxes ticked:

<p>Section 1: What is your preferred learning style?</p> <p>Auditory (learn through listening) <input type="checkbox"/> Visual (learn through seeing) <input type="checkbox"/> Kinaesthetic (learn through doing) <input type="checkbox"/></p>

Section 2: Please tick the appropriate boxes for all questions listed	Yes	No
Are you involved in receiving prescriptions from individuals in a face to face situation?		
Are you involved in validating prescriptions?		
Are you involved in dispensing prescriptions?		
Are you involved in handing out prescriptions to the client in a face to face situation and counselling them on their medication?		
Are you involved in ordering stock?		
Are you involved in receiving stock?		
Are you involved in maintaining stock, for example, carrying out date checks?		
Are you involved in issuing stock against a signed requisition (not a prescription)?		
Do you deal with requests for pharmaceutical information and advice?		
Are you able to identify and deal with hazards and risks in your workplace and understand your health and safety policies?		
Do you plan and organise your own work whilst taking account of the needs of your organisation?		
Do you evaluate and develop your own work and identify areas for improvement or expansion?		
Are you able to identify the needs of your customers, meet those needs and deal with complaints about services or products as part of your everyday role?		
Are you involved in preparing documentation, materials and other items for the manufacture and assembly of medicinal products?		
Are you involved in the preparation of batch medicinal products?		
Are you involved in checking documentation, starting materials, components and other consumables for the production of aseptic products?		
Are you involved with the preparation of aseptic pharmaceutical products?		
Are you involved in dealing with requests for advice on symptoms and their actions and uses of medicines?		
Do you have a medicine counter assistant's qualification and assist in the sales of medicines and products?		
Are you involved in the collection of prescriptions and personally carrying out a delivery service to the client?		
Are you involved in measuring and fitting a client for hosiery?		
Are you involved in checking prescription endorsements are correct and completing the forms to process prescriptions for payments?		
Are you involved in training and development of other staff members?		
Do you assist in the preparation of a review of an individual's medicines?		
Do you attend regular team meetings and are able to identify and contribute improvements within you team?		



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
- 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 onto 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 or contact training@buttercups.co.uk.

The study time to complete the course is 720 hours over 2 years for the knowledge based course and approximately 2 hours per week for the competence based course depending on experience. For the knowledge course, 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 one box only and sign below):

As the trainee I understand that when undertaking this training course with Buttercups Training Ltd:	
<input type="checkbox"/> As I am working with the required level of pharmacist supervision / guidance I can practise 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.	
<input type="checkbox"/> 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 one box only and sign below):

<input type="checkbox"/> 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 2 years. During this time we will share information relating to the trainee's health, conduct or performance that is contrary to the Code of Conduct for pre-registration trainee pharmacy technicians.	
<input type="checkbox"/> 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 workplace 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:



LEARNING CONTRACT

This agreement is between the Learner, the Employer (Supervising Pharmacist / Manager) and Buttercups Training Ltd. This Learning Agreement / Contract must be discussed by the Learner and Employer (Supervising Pharmacist / Manager).

Learner's Responsibilities:

I will work conscientiously throughout the course; both taking responsibility for my own learning, development and progression and working collaboration with the Employer and Training Provider for the same aims. I will make sure I meet all of my targets and deadlines. I will actively participate in all learning activities whilst on the programme.
All work I submit for assessment will be my own.
I will ask for support from my Employer or Buttercups Training Ltd if I am unsure or do not understand any aspect of my course or assessment. I agree to Buttercups Training informing my Employer of my progress and attitude during any contact regarding training or assessment either verbally or in writing.
Whilst on my programme I agree to work for my Employer to the best of my ability, observing the terms and conditions of my employment, and in accordance with my Employer's policies and procedures.
Whilst completing my course, I will be diligent and punctual for any training sessions, keep record, take part in and contribute to any progress reviews of my course and will submit work regularly in order to meet the expected end date of my course. I will keep my Employer informed of my progress.
I will behave in a safe and responsible manner and in accordance with the requirements of Health and Safety legislation relating to my responsibilities at work and will promote and act in my Employer's best interests.
I understand that if I wish to register as a Pharmacy Technician with the pharmacy regulatory body (GPhC) I will need to meet all criteria for registration in addition to completing my training programme (this includes minimum hours of pharmacy work experience).

Employer's (Supervising Pharmacist / Manager) Responsibilities:

I will provide the learner with, as far as reasonably practical, the opportunity, facilities and training necessary to complete their course. This includes appropriate and dedicated study time within their working week, arranged by mutual agreement, of at least 1 hour per week. I will also provide the learner with personal protective equipment, if necessary, free of charge. I will also supply company specific training to enhance and develop the learner's skills where relevant.
I will ensure that the learner is working in the appropriate area to be able to complete their course and I will support the learner in making sure all work meets the requirements stated.
I will provide the learner with a Mentor to help support them through their course.
I undertake legal and contractual responsibilities for the Health and Safety of the Learner, and ensure conformity with the Equal Opportunities policy.

Buttercups Training Responsibilities:

We treat all learners with fairness regardless of age, disability, race, gender or religion. We have Equality and Diversity procedures in place.
We will respond to all enquiries in a timely manner. We will remain available to help the learner throughout their course. We have a 24 hour helpline.
All submitted work will be marked / assessed by qualified staff within a reasonable time period. We will also arrange timely certification.
We will provide impartial support, advice and guidance to the learner and employer where appropriate.

DECLARATION: As the Learner, Employer and Provider, we can confirm that the Learner has read through, understood and completed all the information contained within this application pack. To our knowledge, all personal information within this pack 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:	Date:
Supervising Pharmacist / Technician / Manager's Name:	Supervising Pharmacist / Technician / Manager's Signature:	Date:
Buttercups Training Ltd (representative signature):		Date: