

Buttercups Training

Enrolment Form

Course: Medicine Counter Assistant

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



Student details:

Full 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	

*This is your full legal name that will appear on your certificate.

Company details:

Company name:	
Company address:	
Post code:	
Tel:	Fax:
Pharmacy Email address:	Working hours:
Mentor Name:	Mentor Email address:

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 interactive tutorials: For more information about the course please view this website: http://tinyurl.com/enrolment-decisions
Please indicate how you would like this course to be delivered: Paper Version / On-Line

How did you hear about Buttercups Training? (please tick one)

- Already an existing or previous customer
- Internet Search Engine
- www.pharmacy-forum.co.uk
- Social Media (Facebook / Twitter)
- Numark
- Cambrian Alliance
- Buttercups Flyer
- Pharmacy Show
- Word of Mouth
- Chemist and Druggist Magazine
- Pharmaceutical Journal
- Other (please specify)

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:	

Pharmacist declaration:

I confirm that the candidate is working within the pharmacy named in the company details section and I have the authority to approve their enrolment on the course. I agree to authenticate the candidate's coursework and provide mentor support unless there is justifiable reason not to do so, which I will declare to Buttercups Training.

Name of Pharmacist:	
Signature of Pharmacist:	
GPHC no:	
Date:	