

LEVEL 2 INTERMEDIATE APPRENTICESHIP IN PHARMACY - COMMUNITY PHARMACY / HOSPITAL FUNDING APPLICATION PACK AND COMMITMENT STATEMENT PART A

APPRENTICE PERSONAL DETAILS: *NB – please give your full legal name for certification purposes*

First Name(s):		Middle Name(s):	
Surname:		Previous Surname (if app):	
Title: Mr / Mrs / Miss / Ms		Sex: Male / Female	
Date of Birth: ____ / ____ / ____	Age:	National Insurance Number: _____	
Telephone (home):		Telephone (mobile):	
Email Address:		<i>Buttercups to complete</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 to Apprentice:	Contact Number:
Only to be completed by apprentices aged 16 or 17 I am aged 16 - 17 and I live with members of my immediate family: Yes <input type="checkbox"/> No <input type="checkbox"/>			
<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>		<i>Buttercups to complete:</i> Learning Difficulty / Health Problem Code:	
Do you consider yourself to have a disability or health problem(s)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state: <input style="width: 100%;" type="text"/>			
Are the stated disability or health problem(s) diagnosed? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you consider yourself to have any learning difficulties? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state: <input style="width: 100%;" type="text"/>		<i>Buttercups to complete:</i> Health Problem Code: Learning Difficulty Code:	
Are the learning difficulties diagnosed? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, do you have an Education Health Care Plan? <input type="checkbox"/> If yes, do you have a Section 139A Learning Difficulty Assessment? <input type="checkbox"/>			
Is English your first language? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please state your first language: <input style="width: 100%;" type="text"/>			

SECTION 1: ETHNICITY AND RESIDENCY CHECKS

Ethnicity (circle ONE only):	
Asian / Asian British: Bangladeshi / Chinese / Indian / Pakistani / Other Asian Background	
Black / Black African / Black British: African / Caribbean / Other Black Background	
White / White British: British / English / Gypsy or Irish Traveller / Irish / Northern Irish Scottish / Welsh / 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	<i>Buttercups to complete</i> 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

Please note, this includes apprenticeship programmes or Department for Education, European Social Fund, Education and Skills Funding Agency or Jobcentre Plus funded programmes.

If yes, please provide the following information:

Name of establishment:

Course Title:

Who paid for the course:

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

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

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:

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

APPRENTICE TO COMPLETE:

Please tick the appropriate boxes for all questions listed:		Yes	No
Have you received a Health and Safety induction and training within your workplace?			
Are you aware of any risk assessments in place for your job role?			
Are you involved in receiving prescriptions from individuals in a face to face situation?			
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 there any personal circumstances or planned annual leave 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:	ERN: <i>Buttercups to complete</i>						
Is this employer part of a group? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please state name:</i>	Please tick which status applies to the employer: <table border="1" style="width: 100%;"> <tr> <td>Small (less than 50 employees)</td> <td> </td> <td>Medium</td> <td> </td> <td>Large (1000+ employees)</td> <td> </td> </tr> </table>	Small (less than 50 employees)		Medium		Large (1000+ employees)	
Small (less than 50 employees)		Medium		Large (1000+ employees)			

Is the employer a levy payer? Yes No

Levy and non-levy paying employers can access apprenticeship funding. A levy payer is an employer with a pay bill over £3 million each year. For additional information, please visit: <https://www.gov.uk/government/publications/apprenticeship-levy-how-it-will-work/apprenticeship-levy-how-it-will-work#pay-apprenticeship-levy>

Is the employer interested in this application being screened for apprenticeship funding opportunities? Yes No
*Please note, for levy paying employers this decision may have been made by Head Office.
 For non-levy paying employers, apprenticeship funding can reduce the direct cost of training.*

Is the branch an internet pharmacy? Yes No

How did you hear about Buttercups Training?

Already an existing or previous customer <input type="checkbox"/>	Internet search engine <input type="checkbox"/>
www.pharmacy-forum.co.uk <input type="checkbox"/>	Social media (Facebook / Twitter) <input type="checkbox"/>
Numark <input type="checkbox"/>	Cambrian Alliance <input type="checkbox"/>
Buttercups Training flyer <input type="checkbox"/>	Pharmacy Show <input type="checkbox"/>
Word of mouth <input type="checkbox"/>	Chemist and Druggist Magazine <input type="checkbox"/>
Pharmaceutical Journal <input type="checkbox"/>	Other (please specify) _____

INVOICE ADDRESS: (if different from above)

Invoicing name and address:

	Post code:
Tel:	Email address:

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?	<i>Please circle:</i> Yes / No
Does the company have a nominated Safeguarding Officer? <i>If so, please provide the name and contact details</i>	Name: Telephone number: Email:
Is there a Health and Safety policy in place?	<i>Please circle:</i> Yes / No
Please state how often the Health and Safety policy is reviewed:	<input style="width: 100%; height: 20px;" type="text"/>
Have risk assessments been carried out to identify risks and put adequate risk control measures in place?	<i>Please circle:</i> 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>	<i>Please circle:</i> Yes / No
Do you have any policies relating to e-safety or social media use in place?	<i>Please circle:</i> Yes / No
Do you have an Anti-bullying and Harassment policy in place?	<i>Please circle:</i> Yes / No
Have you completed the relevant health and DBS checks for your employees?	<i>Please circle:</i> 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>	<i>Please circle:</i> Yes / No <i>If yes, please state:</i> <input style="width: 100%; height: 20px;" type="text"/>
Do you have a Young Workers policy in place? <i>This is relevant if you have any employees under the age of 18.</i>	<i>Please circle:</i> Yes / No / N/A

QUALIFICATIONS CURRENTLY ATTAINED

Please supply Buttercups with **clear copies of all certificates**, where all four corners of the certificates are visible, 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 and details of any school, college, university or other educational establishment you have studied at:	
Please provide the postcode(s) of your home address for the time period you attended school/college:	

Please declare ALL non-pharmacy qualifications you currently hold:		
	Qualification Type, Subjects 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 / Grade 4 or above) 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 (at grades D-G or fewer than 5 at grades A-C) 1 AS Level CSE below grade 1 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 Award or Certificate at Entry Level Certificate in Adult Literacy, Numeracy, ESOL Functional Skills 		
X No Qualifications – please tick the statement	I confirm that I do not hold any qualifications: <input type="checkbox"/>	

Do you already hold any pharmacy qualifications? For example, Dispensing Assistant (DAC), NVQ Level 2.	<u>Please circle:</u> Yes / No	<i>If yes, please state the full title, type of qualification (including level or grade) and institution with whom you studied:</i>	<i>If yes, please state the Date Achieved:</i>	<i>If yes, have you enclosed a copy of your certificate? Please circle:</i> Yes / No <i>If you have not enclosed a copy, please state the reason:</i>
Have you ever started but did not fully achieve any pharmacy qualifications?	<u>Please circle:</u> 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? Please circle:</i> Yes / No

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

As per the funding rules, it is required that the employer provides the apprentice with appropriate support and supervision to carry out their job role. As per the Learning Contract, Buttercups Training require that the apprentice has a workplace Mentor. The Mentor will work alongside Buttercups Training Ltd to ensure that the apprentice has help, support and guidance in accordance with the guided learning hours and 20% off the job training requirements of the programme to ensure timely completion. The Mentor will be enrolled onto the Mentor Website and have access to support documentation and guidance.

Name of Mentor:			
Signature of Mentor:			
Email Address:			
Number of hours per week the Mentor works alongside the apprentice:			
Are you providing the apprentice with an appropriate study area?	<i>Please provide details of study area:</i>		
Does the Mentor have a significant relationship with the apprentice? <i>If yes, please state the type of relationship.</i>	<i>Please circle: Yes / No Details:</i>		

Expert Witness:

It is a requirement that the apprentice is observed in the workplace throughout the programme by an Expert Witness. This must be either a Pharmacist or a Senior Pharmacy Technician. Please provide details of the Expert Witness below. The Expert Witness will be enrolled onto the Expert Witness programme.

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 apprentice? <i>If yes, please state the type of relationship.</i>	<i>Please circle: Yes / No Details:</i>		

Statement of authenticity:

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

Forgeries Statement:

On receiving any forged work Buttercups Training reserves the right to remove the apprentice from the programme. 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 an apprentice's performance are untrue and both the apprentice and witness have signed to confirm its authenticity

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

Learner Handbook:

The apprentice can access the Buttercups Learner Handbook within the learner log in section of the website. Apprentices can request a paper copy by email or telephone. The apprentice 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.

General Data Protection Regulation:

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 programme progress. It will be used in accordance with the relevant legislation, including the GDPR 2016 and the Data Protection Act 2018. If you have any questions about the use of the data collected by Buttercups Training, please view our privacy notice by visiting

<https://buttercupstraining.co.uk/content/general-data-protection-regulation>
or contact GDPR@buttercups.co.uk.

Personal Learning Record (PLR):

The information you supply is used by the Education and Skills Funding Agency, an executive agency of the Department for Education (DfE), to issue you with a Unique Learner Number (ULN) and to create your Personal Learning Record, as part of the functions of the DfE. For more information about how your information is processed, and to access your Personal Learning Record, please refer to: <https://www.gov.uk/government/publications/lrs-privacy-notice>.

By signing this Application Pack, if I already have a ULN and PLR, I give my authorisation for my PLR to be opened by an authorised person. I understand further information regarding this is available: <https://www.gov.uk/government/publications/learning-records-service-the-plr-for-learners-and-parents>.

LEARNING CONTRACT

This agreement is between the apprentice, the employer (supervising pharmacist / manager) and Buttercups Training Ltd. This Learning Agreement / Contract must be discussed by the apprentice and employer (supervising pharmacist / manager).

Apprentice's Responsibilities:

I will work conscientiously throughout the programme, taking responsibility for my programme and making 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 programme 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 programme, I will be diligent and punctual for any training sessions, take part in and contribute to any progress reviews of my programme and will submit work regularly in order to meet the expected end date of my programme. 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.

Employer's (Supervising Pharmacist / Manager) Responsibilities:

I will provide the apprentice with, as far as reasonably practical, the opportunity, facilities and training necessary to complete their programme. This includes appropriate and dedicated study time within their working week, arranged by mutual agreement, as per the Training Plan. I will also provide the apprentice with personal protective equipment, if necessary, free of charge. I will also supply company specific training to enhance and develop the apprentice's skills where relevant.
I will ensure that the apprentice is working in the appropriate area to be able to complete their programme and I will support the apprentice in making sure all work meets the requirements stated.
I will provide the apprentice with a Mentor to help support them through their programme.
I undertake legal and contractual responsibilities for the Health and Safety of the apprentice 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, Diversity and Inclusion procedures in place.
We will respond to all enquiries in a timely manner. We will remain available to help the apprentice throughout their programme. We have an out of hours 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 apprentice and employer where appropriate.

DECLARATION

As the apprentice, employer and provider, we can confirm that the apprentice 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 apprentice 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. By signing this document, the apprentice gives their consent to the storage of personal information and programme progress. The apprentice understands that this information will remain available and in storage after programme completion.

Apprentice Name:	Apprentice Signature:	Date:
Supervising Pharmacist / Technician / Manager's Name:	Supervising Pharmacist / Technician / Manager's Signature:	Date:
Buttercups Training Ltd (representative signature):		Date: