**Application Form Part A to be completed by all Non-medical prescribing applicants Part B to be completed alongside Practice Assessors/Educators and Practice Supervisors**

**School of Health and Social Care**

**HS632 Preparation for Independent and Supplementary Prescribing**

**V300 (NMC/HCPC)**

Please type or use block capitals to complete **ALL** sections of this form**. Incomplete applications cannot be processed**

**Proposed start date:**

**Level of study and job role:**

**Please inform us of your job role and which level of study you wish to undertake.**

**Level 1Nurse SCPHN Paramedic Therapeutic Radiographer Physiotherapist Podiatrist**

**In order, to study at level 7 (master’s level), you need to have previously studied at level 6 (degree level)**

Level 6 (degree)

 Level 7 (master’s)

**1. Personal Details**

 Surname: Title: Mr/Mrs/Miss/Ms/Other…please state (*delete as appropriate*)

 First names (*in full*): Male/Female/Other… (*delete as appropriate*)

Maiden name *(if applicable)*:

Home address:

Post code:

 Telephone number: Email address:

 Date of birth:

 Country of birth: Nationality (*as on passport*):

 All details requested below should be exactly as presented on your regulatory body register:

 Registration/Pin Number Date of first registration

 Regulatory body Full Name

 **2. Proposed source of funding**

Please delete as appropriate:

* Health Education (East of England) Yes /No
* Employer funded Yes /No
* Self-funded Yes /No
* Other (please specify) Yes /No

If funded has this funding been approved? Yes /No

If you have confirmed funding through your workplace, please complete this section:

Name and position of authorising member of staff (*print name*):

Employer invoice address:

Employer contact number:

Employer contact e-mail address:

Purchase order number/reference:

Signature of authorising member of staff: ……………............................……..…………… Date: ………………….

If you require an invoice for your fees to be sent to your employer, please give contact details and address below:

If you have any queries relating to funding, please e-mail cpd@essex.ac.uk

1. **Academic and professional qualifications (most recent first)**

| Date of award  | Awarding Institution  | Course Title/Subject  | Result  |
| --- | --- | --- | --- |
|   |          |   |   |

 Have you previously studied at the University of Essex? Yes / No (*please delete as appropriate*)

1. **Employment History (most recent first)**

| Dates of employment  | Place of employment  | Job Title  |
| --- | --- | --- |
|   |   |   |

**Self-Declaration of competency**: To fulfil regulatory requirements you must be competent in the following areas: Clinical assessment, diagnosis, planning and evaluation of care**.** **Please explain below (in no more than 200 words)** how you have developed and maintained your competencies in these skills.You should include details of how you have been assessed in practice and/or accredited programmes, e.g. appraisals, competency frameworks, university courses.

**Please explain below (in no more than 200 words)** how the ability to prescribe medications independently will transform practice and inform patient/client care (if you have been required to give this information on an application to your own organisation, you may wish to replicate that here). If you are a Self-Employed or a non-NHS practitioner, please indicate clearly your proposed area of practice.

**Please explain below (in no more than 200 words)** how you will gain regular access to patients within your area of clinical practice in order to achieve the required 90 hours supervised practice. If you are a Self-Employed or a non-NHS practitioner accessing a Practice Assessor/Educator or Designated Medical Practitioner from another organisation, you must also demonstrate how clinical governance will be achieved – e.g. honorary contracts, written agreements.

 **Please explain below (in no more than 200 words)** how would you deal with situations where service users/patients disagree with your professional recommendations?

 **Part B**: Please only complete the table that is relevant to the applicant’s professional body

 Table 5 NMC registrants only (pg 5+6)

 Table 6 HCPC registrants only (pg7+8)

 Table 7 to be completed by ALL applicants

 **Please only complete the table that is relevant to your professional registration.**

1. **NMC registrants only (complete with line manager/supporting employer/supporting organisation)**

|   | **Yes**  | **No**  |
| --- | --- | --- |
| Is the applicant a level 1 registered nurse or SCPHN registered with the NMC? |  |  |
| Does the applicant have a recognised qualification/experience and ability to enable them to apply non-medical prescribing skills to their intended area of prescribing practice? |  |  |
| Does the applicant have evidence of the ability to study at the degree level (degree (level 6) or master’s (level 7)) indicated on page 1 of this application form?  |  |  |
| Does the applicant have at least 1 year’s FTE post-registration experience and are they deemed competent by their employer\*? |  |  |
| Does the applicant have a trained Practice Assessor willing to oversee his/her 12 days (90 hours) of practice relevant to his/her field of ‘learning in practice’?  |  |  |
| Does the applicant have a named supervisor (in addition to the Practice Assessor)? |  |  |
| There may be exceptional occasions where it is not possible for the supervisor and assessor to be different people. Arrangements in such situations need approval from the University of Essex module team prior to the applicant commencing the course. Where there is no opportunity for different people to act as supervisor and assessor in the relevant clinical area, the applicant must identify a prescriber who meets the requirements to be a Practice Assessor. This person will act as both supervisor and assessor. The Academic Assessor will require this person to attend extra collaborative meetings so that quality assurance and governance can be ensured. In such situations, the PA, student and AA will also meet at the end of the module to review placement competencies in relation to the Portfolio of Practice Evidence. . If you require approval under ‘exceptional occasions’ please tick ‘YES’. Please complete the additional audit form (Additional Audit Form available at the end of this application form) and send with your application form to cpd@essex.ac.uk. . |  |  |
| Will the applicant be prescribing from central funding in order to provide maximum benefit to patients?  |  |  |
| Are you able to confirm that the applicant is of good character and of sufficiently good health to study on the non-medical prescribing programme? (Non-NHS employed and Self-Employed applicants are required to provide a professional reference - see appendices |  |  |
| Can you confirm that the applicant has had a DBS check in the last 3 years? (proof of certificate will be on application) |  |  |
| If a valid DBS certificate is not available for review or is no longer valid, the applicant will need a valid check prior to enrolment. (in this case the applicant should wait until they can supply a DBS check with the application form) |  |  |
| Is there a valid service need identified in conjunction with the employer requiring the candidate to undertake independent/supplementary prescribing training? |  |  |
| Has employer given commitment to candidate’s attendance on the programme?This consists of 26 taught days over a period of 6 months (one day a week) |  |  |
| **NHS employed staff only**Does the applicant have the commitment of their employer to enable access to a prescribing budget and make other necessary arrangements for prescribing practice on successful completion of the course? (this might include professional indemnity and continuing professional development activities?) |  |  |
| **Self-Employed or Non-NHS employed only** (to be completed by placement provider) Does the applicant have professional indemnity arrangements in place for their prescribing practice and will they undertake continuous professional development?(Proof of legal indemnity needs to be included with this application before it can be processed)  |  |  |
| **Self-Employed or Non-NHS employed only****I will provide a professional reference for the above-named candidate with this application form (N.B. applications cannot be processed without references)**  |  |  |
| All applicants must have the following advanced practice skills: Clinical and health assessmentsDiagnostics and care managementPlanning and evaluation of care**Can you confirm that the applicant is practising at an advanced level and is proficient in the above skills?**(Courses that cover the above skills should be listed in the professional qualifications section)  |  |  |
|   |  |  |
| Has the applicant previously commenced but not completed a prescribing course? (If yes please detail the course below)(Please note that recognition of prior learning cannot be considered on this programme)  |  |  |
|  |  |  |
| Name of person completing this form:Relationship to applicant:Contact details including email address:Signature (this can be a legal e-signature)Please note that this form cannot be accepted without all the above questions being answered and a signature is also required. |  |  |

1. HCPC registrants only **(complete with Practice Educator or Practice Assessor). (This term includes Practice Assessor, Practice Educator and Designated Medical Practitioner as per the new eligibility criteria for Designated Prescribing Practitioner (DPPs) which includes the new RPS (2019) Competency Framework for Designated Prescribing Practitioners)**

|   | Yes  | No |
| --- | --- | --- |
| Does the applicant have a current registration on the HCPC register as either a Physiotherapist, Podiatrist, Therapeutic Radiographer or Paramedic?  |  |  |
| Does the applicant have a recognised qualification/experience and ability to enable them to apply non-medical prescribing skills to their intended area of prescribing practice? |  |  |
| Does the applicant have evidence of the ability to study at the degree level (degree (level 6) or master’s (level 7)) indicated on page 1 of this application form? |  |  |
| Does the applicant have at least 3 years’ relevant post-registration experience in the clinical area in which they will be prescribing?  |  |  |
| Is the applicant working at an advanced practitioner or equivalent level?  |  |  |
| Does the applicant have a trained Practice Assessor/Educator willing to oversee his/her 12 days (90 hours) of ‘learning in practice’?   |  |  |
| Does the applicant have a named supervisor (in addition to the Practice Educator)? |  |  |
| There may be exceptional occasions where it is not possible for the supervisor and assessor to be different people. Arrangements in such situations need approval from the University of Essex NMP module team prior to the student commencing the course. Where there is no opportunity for different people to act as supervisor and assessor in the relevant clinical area, the student must identify a prescriber who meets the requirements to be a Practice Assessor. This person will act as both supervisor and assessor. The Academic Assessor will require this person to attend extra collaborative meetings so that quality assurance and governance can be ensured. In such situations, the PA, student and AA will also meet at the end of the module to review placement competencies in relation to the Portfolio of Practice Evidence. If you require approval under ‘exceptional occasions’ please tick ‘YES’. Please complete the additional audit form (Additional Audit Form available at the end of this application form) and send with your application form to cpd@essex.ac.uk. . |  |  |
| Will the applicant be prescribing from central funding in order to provide maximum benefit to patients? |  |  |
| **NHS employed staff only**Does the applicant have the commitment of their employer to enable access to a prescribing budget and make other necessary arrangements for prescribing practice on successful completion of the course? (this might include professional indemnity and continuing professional development activities) |  |  |
| **Self-Employed only** **or Non-NHS employed only** (to be completed by Practice Assessor) Does the applicant have professional indemnity arrangements in place for their prescribing practice and will they undertake continuous professional development?(N.B. proof of legal indemnity needs to be included with this application before it can be processed) |  |  |
| **Self-Employed or Non-NHS employed only****I will provide a professional reference for the above-named candidate with this application form (N.B. applications cannot be processed without references)** |  |  |
| Are you able to confirm that the applicant is of good character and of sufficiently good health to study on the non-medical prescribing programme? (Non-NHS employed and Self- Employed applicants are required to provide a professional reference - see above) |  |  |
| Can you confirm that the applicant has had a DBS check in the last 3 years? (proof of certificate will be required prior to entry on the course) |  |  |
| If a valid DBS certificate is not available for review or is no longer valid, the applicant will need a valid check prior to enrolment (in this case the applicant should wait until they can supply a DBS check with the application form)  |  |  |
| Is there a valid service need identified in conjunction with the employer requiring the candidate to undertake independent/supplementary prescribing training? |  |  |
| Has employer given commitment to candidate’s attendance on the programme?This consists of 38 taught days over a period of 6 months (normally one day a week) |  |  |
| Has the applicant previously commenced but not completed a non-medical prescribing course? (If yes please detail the course below) (Please note that recognition of prior learning cannot be considered on this programme) |  |  |
| Name of person completing this form:Relationship to applicant:Contact Details including email address:Signature (this can be a legal e-signature): Please note this form cannot be accepted without all the above questions being answered and a signature is also required.  |  |  |

1. **ALL to be completed by Practice Assessor (PA) or Practice Educator (PE) or Designated Prescribing Practitioner (this term includes Practice Assessor, Practice Educator and Designated Medical Practitioner as per the new eligibility criteria for Designated Prescribing Practitioner (DPPs) which includes the new RPS (2019) Competency Framework for Designated Prescribing Practitioners)**

|  | Yes  | No |
| --- | --- | --- |
| A prescriber who is taking on the DPP PA/PE role must be registered with their professional regulator. Do you have the necessary annotation as a prescriber? |  |  |
| Do you meet all of the competencies within the [Competency Framework for all Prescribers](https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/Prescribing%20competency%20framework/prescribing-competency-framework.pdf?ver=2019-02-13-163215-030)? |  |  |
| Have you been a registered prescriber for a minimum of 3 **years**? N.B. You cannot be a Practice Assessor/Educator unless you have a minimum of 3 years’ prescribing experience. |  |  |
| In relationship to **personal** characteristics, please confirm that you:* **Recognise the scope and responsibility of the DPP role**
* **Demonstrate clinical leadership through practice**
* **Demonstrate commitment to supporting prescribing trainees**
* **Display professional integrity, are objective in supervision and/or assessment**
* **Are open, approachable and empathetic**
* **Create a positive learning culture through practice**
 |  |  |
| In relation to **skills and knowledge,** please confirm that you:* Work in line with legal, regulatory, professional and organisational standards
* Are an experienced prescriber\* in a patient-facing role
* Are an active prescriber\*\* in a patient-facing role, with appropriate knowledge and experience in an area of practice relevant to the prescribing trainee
* Have knowledge of the scope and legal remit of non-medical prescribing and the NMP trainee profession

**\*An experienced prescriber is defined as an active prescriber who would normally have at least 3 years’ recent prescribing experience.****\*\*An active prescriber consults with patients and makes prescribing decisions based on clinical assessment with sufficient frequency to maintain competence, and reflects and audits prescribing practice to identify developmental needs**  |  |  |
| In relation **to teaching and training**, please confirm that you: * Have experience of or training in teaching and/or supervising in practice
* Have knowledge, either experiential or through formal training, of different teaching methods to facilitate learning in practice and adapting to individual student needs
* Can articulate decision-making processes and justify the rationale for decisions when teaching or training others
* Have knowledge of a range of methods of assessment and experience of conducting assessment of trainees in clinical practice
* Can deliver timely and regular constructive feedback
* Can facilitate learning by encouraging critical thinking and reflection
 |  |  |
| In relation to **partnership working**, please confirm that you:* Work with the prescribing trainee to establish their baseline knowledge and skills, and jointly create a development plan for meeting learning outcomes
* Regularly assess the prescribing trainee at appropriate intervals to guide gradual handover of elements of the process that lead to a prescribing decision
* Work in partnership with the prescribing trainee, other practitioners, and the programme provider to confirm the competence of the trainee
* Recognise own limits and capacity, knowledge and skills and areas of practice where other practitioners may be better placed to support learning
* Advocate and facilitate a multidisciplinary team (MDT) approach to training by encouraging the prescribing trainee to learn from other appropriate practitioners.
 |  |  |
| In relation to ensuring an appropriate **learning environment**, please confirm that you:Negotiate sufficient time to support the trainee throughout their period of learning in practice* Encourage an environment that promotes equality, inclusivity, and diversity
* Create a safe learning culture that encourages participation and open discussion to support learning
 |  |  |
| In relation to **governance**, please confirm that you:* Acknowledge your role and responsibilities within the wider governance structure, including the programme provider, employing organisation, professional regulator, and others
* Ensure familiarity with the process of escalating concerns about a prescribing trainee and, where appropriate, engage with this process
* Engage with the employing organisation (or equivalent) to ensure support and resources are available to undertake the DPP role
* Participate with the programme provider by completing placement audits as required
 |  |  |
| Are you familiar with the requirements of the programme and the need for the applicant to achieve the learning outcomes? |  |  |
| I am willing to attend (watch a recording of) a ZOOM meeting for Practice Assessors and Practice Educators at the start of the module (date to be confirmed by Academic Assessor)  |  |  |
| Name of DPP/PA/PE completing this form:Relationship to applicant:Contact Details **including email address**:Signature (this can be a legal e-signature) |  |  |

1. Details of the Designated Prescribing Practitioner (DPP), Practice Assessor or Practice Educator

|  |  |
| --- | --- |
| **Name** |  |
| **Area of Practice** |  |
| **Title/Position** |  |
| **Qualifications****(Including teaching)** |  |
| **Professional Registration Number****(GMC/HCPC/NMC/PSNI)** |  |
| **Regulatory Body**  |  |
| **Date of First Registration** |  |
| **Trust/Work Name** |  |
| **Work Address** |  |
| **Telephone Number** |  |
| **Email** |  |
| I agree to validate 12 days (90 hours) by assessing and observing the NMP student. This may include working with/observing directly and gaining feedback from a range of prescribing supervisorsNameSignedDateHospital/practice stamp (if available) |

1. **Practice Placement Quality Assessment (to be completed by Practice Assessor/Educator or Line Manager)**

**If, for any reason, the DPP PA/PE feels that the practice area does not meet any of these standards, please complete the exception reporting comments on page 11. If additional guidance is required, please email** **CPD@essex.ac.uk**

| **Standard Statement** | **Yes** | **NO** |
| --- | --- | --- |
| 1. **Our policies and procedures within our practice placement areas reflect health and safety legislation, employment legislation and equality of opportunity.**
 |  |  |
| 1. **Our human resources management processes reflect good practice in relation to recruitment, retention, development of staff and equal opportunities.**
 |  |  |
| 1. **Our staff understand and manage specific risks to students and risk assessment is carried out in practice placement areas.**
 |  |  |
| 1. **We ensure that students have access to educational and IT facilities, including internet access, (where practical) when they are on placement.**
 |  |  |
| 1. **We have mechanisms in place in placement areas to recognise early poor performance of students and for taking appropriate and prompt action.**
 |  |  |
| 1. **We provide all students with a named practice DPP for the duration of the placement, the DPP is appropriately qualified and meets the relevant regulatory body requirements.**
 |  |  |
| 1. **NMC REGISTRANTS ONLY – In addition to the DPP PA we provide all NMC students with a named Practice Supervisor/s for the duration of the placement, the Practice Supervisor/s are appropriately qualified and meet the SSSA standard for student supervision - NMC (2018).**
 |  |  |
| 1. **NMC REGISTRANTS ONLY – Our Practice Placement Supervisors are aware of the student’s placement outcome as outlined in the** [**Royal Pharmaceutical Society Framework for Prescribers**](https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/Prescribing%20competency%20framework/prescribing-competency-framework.pdf?ver=2019-02-13-163215-030)**. They are able to agree with the student an individual learning contract for their prescribing placement experience.**
 |  |  |
| 1. **Scheduled appointments will be made with Practice Supervisors to discuss progress towards learning outcomes.**
 |  |  |
| 1. **We take action on evaluation/feedback information that students give us on the quality of their placement and practice placement supervision as required**
 |  |  |
| 1. **We provide students with an orientation to each new practice area (if required).**
 |  |  |
| 1. **Practice placement provides varied learning opportunities that enable students to achieve learning outcomes through: observing skilled professionals prescribe; participation under direct supervision in an environment that respects users’ rights, privacy and dignity.**
 |  |  |
| 1. **Staff who act as Practice Supervisors to NMP students demonstrate evidence-based teaching, assessment, and practice.**
 |  |  |
| 1. **We provide learning opportunities that are appropriate to the level and need of the student and provide opportunities for inter-professional working.**
 |  |  |
| 1. **Our approach to assessment is that it is a continuous process with an adequate formative function that helps develop the NMP student’s abilities/intellectual prescribing skills and leads to attainment of agreed learning outcomes.**
 |  |  |
| 1. **We have explicit aims, values and strategies to promote inclusion and equality for all and these are reflected in our work as a placement provider with an equal opportunities policy that is periodically updated.**
 |  |  |
| 1. **We have effective measures for eliminating oppressive behaviours including all forms of harassment in our practice area.**
 |  |  |
| 1. **The guidance and support we offer as a placement provider are sensitive to equality of opportunities.**
 |  |  |
| **I confirm all the above standards can be met whilst the student undergoes practice supervision (please identify exceptions below).****Name Signed****Date****Relationship to Applicant****Professional registration number** |

**Please comment here if any of the standards are at risk in the practice area. Please include in this section, if the area is new to the University of Essex (new areas, Self-Employed, Non-NHS employed or other exemptions will require a discussion with the NMP programme team and be required to carry out an additional practice audit. Please request from CPD@essex.ac.uk)**

| **Standard Number** | **Exemption reporting comments** |
| --- | --- |
|  |  |
|  |  |

1. **Details of Practice Supervisors (TO BE COMPLETED BY PRIMARY PRACTICE SUPERVISOR)**

**Name**

**Area of Practice**

**Title/Position**

**Professional Body Pin Regulatory Body**

**Email**

**As a Practice Supervisor, please tick to show that you agree to the following statements, which align to the NMC Standards for Prescribing Programs (2016) Section 4 and HCPC Standards for Prescribing (2019) – Supervision and Assessment:**

|  | **YES** | **No** |
| --- | --- | --- |
| **I agree to serve as a role model for safe and effective practice in line with the NMC and HCPC code of conduct** |  |  |
| **I agree to support learning in line with my scope of practice to enable the student to meet their proficiencies and programme learning outcomes**  |  |  |
| **I agree to support and supervise students, providing feedback on their progress towards, and achievement of proficiencies and skills** |  |  |
| **I have current knowledge and experience of the area in which I am to provide support, supervision, and feedback** |  |  |
| **I agree to be prepared to receive ongoing support to participate in the practice learning of students** |  |  |
| **I agree to contribute to the student record of achievement by periodically recording relevant observations on the conduct, proficiency and achievement of the student I will be supervising**  |  |  |
| **I agree to contribute to student assessment to inform decisions about prescribing suitability**  |  |  |
| **I will have sufficient opportunities to engage with the Practice Assessor/Educator and Academic Assessor to share relevant observations on the conduct, proficiency and achievement of the student I will be supervising** |  |  |
| **I agree to appropriately raise and respond to student conduct and competency concerns**  |  |  |
| **Signed** **Dated**  |

* There may be exceptional occasions where it is not possible for the supervisor and assessor to be different people. Arrangements in such situations need approval from the University of Essex NMP module team prior to the applicant commencing the course. Where there is no opportunity for different people to act as supervisor and assessor in the clinical area, the applicant must identify a prescriber who meets the requirements to be a Practice Assessor. This person will act as both supervisor and assessor. The Academic Assessor will require this person to attend extra collaborative meetings so that quality assurance and governance can be ensured. In such situations the PA, student and AA will also meet at the end of the module to review placement competencies in relation to the Portfolio of Practice Evidence.
1. **Applicant’s evidence**

Thank you for completing this application form. Please ensure that all areas are complete as incomplete applications will not be accepted. Please confirm below that you **are including the following evidence with this application form.**

***ALL applicants.*** To complete agreed learning contract in appendix A pg 23/34

***ALL applicants.*** Confirmation of DBS check within the last 3 years (copy of certificate or screen shot of online status)

**ALL** applicants have completed a placement audit form from (pg 21/22)

 ***Self-Employed/Non-NHS*** applicants are required to provide evidence of professional indemnity

 ***Self-Employed/Non-NHS*** applicants need to provide two professional references \*\* Reference template provided at the end of this application form (pg 19/20)

**Self-Employed/Non-NHS** applicants need to enclose practice area’s most recent CQC report from CQC website

***All applicants*** If Practice Supervisor and Assessor/Educator is the same person, applicant has completed additional practice audit form (Additional audit form available at the end of this application form)?

 Applicant’s statement.

I can confirm that I have completed this application form and have provided accurate information to the best of my knowledge. **I understand that an incomplete application form cannot be accepted by the university.**

Signature of applicant

Date signed

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Equal Opportunities**This form will be detached.Please complete and return it with your application. The information you provide will be held on database and will only be used for statistical analysis by HESA and certain other bodies that deal with the funding of education. Thank you.**Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name |  | Title (e.g. Mr, Mrs, Ms) |  |
|  |  |
| First name(s) (for official purposes) |  | Preferred first name |  |
|  |  |
| Date of birth |  |

|  |  |
| --- | --- |
| **Gender** \*delete as necessary | MALE / FEMALE \* |
|  |  |
| Your **Nationality** |  |

Your **Ethnicity** (please tick):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **White**  |  |  |  | **Asian or Asian British**  |  |  |
| White British |  | 11 |  | Asian or Asian British - Indian |  | 31 |
| White Irish |  | 12 |  | Asian or Asian British - Pakistani |  | 32 |
| Other White Background |  | 19 |  | Asian or Asian British - Bangladeshi |  | 33 |
| **Black or Black British** |  |  |  | Other Asian background  |  | 39 |
| Black or Black British - Caribbean |  | 21 |  | **Mixed** |  |  |
| Black or Black British - African |  | 22 |  | Mixed - White and Black Caribbean |  | 41 |
| Other Black background  |  | 29 |  | Mixed - White and Black African |  | 42 |
| **Chinese**  |  |  |  | Mixed - White and Asian |  | 43 |
| Chinese |  | 34 |  | Other Mixed background  |  | 49 |
| **Other Ethnic (please describe)** |  |  |  |  |  |  |
| Other Ethnic background |  | 80 |   | **I do not wish to disclose my ethnicity** |  | 98 |
| Description ………………………………. |

**Disability** (please tick any which you consider apply to you). In addition to providing information for HESA, completion of this section will assist the University in understanding the needs and requirements of disabled staff and also allow us to work towards meeting our obligations under the Disability Equality Duty.

|  |  |  |
| --- | --- | --- |
| 00 |  | No known disability |
| 51 |  | Specific learning disability (such as dyslexia or dyspraxia) |
| 52 |  | General learning disability (such as Down's syndrome) |
| 53 |  | Cognitive impairment (such as autistic spectrum disorder or resulting from head injury) |
| 54 |  | Long-standing illness or health condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy) |
| 55 |  | Mental health condition (such as depression or schizophrenia) |
| 56 |  | Physical impairment or mobility issues (such as difficulty using arms or using a wheelchair or crutches) |
| 57 |  | Deaf or serious hearing impairment |
| 58 |  | Blind or serious visual impairment |
| 96 |  | Other type of disability |
| 97 |  | I do not wish to provide this information |

**Processing Personal Data**The University of Essex will hold and process your personal data for the purposes of maintaining your academic and related records. The information supplied on this form will be processed in line with the Data Protection Act 2018 and the UK General Data Protection Regulations. It will be kept secure and accurate and will only be disclosed in line with the law. Your attendance and Examination Board ratified module marks will be shared with your sponsoring Trust. If you do not wish this to happen, you are responsible for asking your line manager to communicate with the School to this effect. For further information on how the University of Essex processes your personal data please request a copy of our Privacy Policy. Please note that the information on this application form is required for registration purposes only.University staff only/Internal use only To be completed by AA

| Checks/Documents  | Checked/conditions of practice? | Included with application form? | Date chased/ Audit check list sent. | Checked by | Approved by |
| --- | --- | --- | --- | --- | --- |
| NMC registered at level 1 (SCPHN) HCPC Register checked according to applicant professional criteriaNMC Level 1 – 1 year’sexperience requiredHCPC 3 years |  |  |  |  |  |
| NMC/HCPC/GMC Practice Supervisor registration checked |  |  |  |  |  |
| Proficient in health assessment (P5) |  |  |  |  |  |
| NMC/HCPC/GMC Practice Assessor/Educator registration checked |  |  |  |  |  |
| If PA/PE/PS is same person, additional audit form has been completed?  |  |  |  |  |  |
| Appropriate level of study chosen? |  |  |  |  |  |
| DBS certificate within three years?  |  |  |  |  |  |
| Professional Indemnity?THINK SELF-EMPLOYED/NON-NHS SELF-FUNDED |  |  |  |  |  |
| Good Character and Health?  |  |  |  |  |  |
| Self-Employed and non-NHS provision of 2 references  |  |  |  |  |  |
| Does Audit check list need to be sent to placement?  |  |  |  |  |  |
| Self-Employed Non-NHS additional audit reviewed?  |  |  |  |  |  |
| Self-Employed/Non-NHS CQC report reviewed? |  |  |  |  |  |
| Learning contract completed (all candidates) |  |  |  |  |  |

Application Approved by (Academic Assessor) ………………………………………………………………………… Date……………………………………………………………………………… |

**** Prescribing Programme Reference

Thank you for agreeing to complete an application reference request for the prescribing programme at Essex University. Please complete all requested sections to the best of your knowledge and ability.

Name of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Referee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Address of Practice Setting\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position and profession\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How many months/years have you known the applicant?
2. In your opinion is the applicant of good character and health?
3. In your opinion does the applicant have the academic skills to undertake the programme at the level applied for in the application form.
4. Does the applicant uphold the professional standards of their regulatory body (NMC/HCPC)?
5. Have you ever questioned the applicant’s ability to practice safely?
6. Are you aware of any previous or existing disciplinary actions that the applicant has been/is being investigated for?
7. Do you believe that there is any reason why the above-named applicant would not be suitable to undertake a prescribing programme?
8. Do you have any other comments/concerns about the applicant?

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for completing the above reference. the prescribing team may contact you should they have any further questions. Please send this reference directly to CPD@essex.ac.uk. Please note that the applicant’s application cannot be processed until this completed form has been received and processed by the prescribing programme team.

**** Prescribing Programme Reference

Thank you for agreeing to complete an application reference request for the prescribing programme at Essex University. Please complete all requested sections to the best of your knowledge and ability.

Name of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Referee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Address of Practice Setting\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position and profession\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How many months/years have you known the applicant?
2. In your opinion is the applicant of good character and health?
3. In your opinion does the applicant have the academic skills to undertake the programme at the level applied for in the application form.
4. Does the applicant uphold the professional standards of their regulatory body (NMC/HCPC)?
5. Have you ever questioned the applicant’s ability to practice safely?
6. Are you aware of any previous or existing disciplinary actions that the applicant has been/is being investigated for?
7. Do you believe that there is any reason why the above-named applicant would not be suitable to undertake a prescribing programme?
8. Do you have any other comments/concerns about the applicant?

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for completing the above reference. the prescribing team may contact you should they have any further questions. Please send this reference directly to CPD@essex.ac.uk. Please note that the applicant’s application cannot be processed until this completed form has been received and processed by the prescribing programme team.

Additional Practice Audit Form

A completed and signed (Part A and B) audit form with a copy of the learning contract (**APPENDIX A**) must be submitted electronically to cpd@essex.ac.uk at least four weeks before the start of the course.

|  |  |
| --- | --- |
| **Part A – to be completed by the student** |  |
| Establish a clear and concise learning contract with the DPP/PA/PE (**Appendix A**) | Yes/No |
| Does the practice environment provide sufficient opportunities to meet learning needs?  | Yes/No |
| Do you have sufficient protected time to meet the module learning outcomes?  | Yes/No |
| Do you have sufficient access to your DPP/PA/PE to complete your 12 days in practice?  | Yes/No |
| **Student Signature (e-signature):**  | **Date:** |
| **Part B - to be completed by the DPP/PA/PE** |  |
| Establish a clear and concise learning contract with the trainee (**Appendix A**) | Yes/No |
| Plan a learning programme which will provide the opportunity for the trainee to meet their learning objectives and gain competency in prescribing | Yes/No |
| Facilitate learning by encouraging critical thinking and re-action | Yes/No |
| Provide dedicated time and opportunities for the trainee to observe how the DPP/PA/PE conducts a consultation/interview with a patient/client and/or parents/carers and the development of a management plan | Yes/No |
| Allow opportunities for the trainee to carry out consultations and suggest clinical management and prescribing options, which are then discussed with the DPP/PA/PE | Yes/No |
| Help ensure that the trainee integrates theory with practice | Yes/No |
| Take opportunities to allow in-depth discussion and analysis of clinical management using a random case analysis approach, when patient/client care and prescribing behaviour can be examined further | Yes/No |
| Assess and verify that, by the end of the course, the trainee is competent to assume the prescribing role | Yes/No |
| **DPP/PA/PE signature (e-signature):** | **Date:** |

| Part C- to be completed by University of Essex teaching staff (Academic Assessor) |  |
| --- | --- |
| Have clear concise learning needs been developed within the learning contract?  | Yes/No |
| Does the practice environment provide sufficient opportunities to meet learning needs?  | Yes/No |
| If there is an exceptional circumstance requiring the same person to act as Practice Assessor and Practice Supervisor, the reason for this and how the conditions for ensuring the integrity of the student’s experience and assessment will be maintained and monitored must be outlined below: (expand as required) Reason why the same person is acting in both roles: Processes in place to maintain integrity of student supervision and assessment: The student and the DPP/PA/PE will meet at least four times during the module to review learning opportunities, learning experiences, achievement of learning contract goals and development of proficiency. Monitoring in place for the above processes: The student will meet with the Academic Assessor at least once during the period of practice. The Academic Assessor may undertake a tripartite meeting (with the student and the DPP/PA/PE) if this is required. |  |
| **UOE staff signature:**  | **Date:** |

**Appendix A**

|  |
| --- |
| **Practice Placement Learning Contract****Student’s Name:……………………………. DPP/PA/PE Name:……………………………..** |
| How do you intend on covering each of these areas of prescribing practice in your practice area? |
| Clinical & Pharmaceutical Knowledge |  |
| Practical Assessment Skills |  |
| Establishing Options |  |
| Communicating with Patient |  |
| Prescribing Effectively: |
| Prescribing Safely |  |
| Prescribing Professionally |  |
| Improving Prescribing Practice |  |

|  |
| --- |
| **Learner Name:……………………………. DPP/PA/PE Name:…………………………** |
| Prescribing in Context: |
| Information in Context |  |
| The NHS/Private practice in context |  |
| The Team & Individual Context |  |

For each of the competency areas, please list:

1. Any specific problem areas
2. What you need to learn
3. What resources and strategies you will need
4. How you will know when you have met your objectives

Date Agreed:

Signed by Student Signed by PA/PE/DPP