

Healthcare Assistant Course

Enrolment Form – Page 1 of 3

Please complete all fields, in block capitals, and delete where appropriate. Please note, we ask for a personal email address as we may need to disclose confidential information to you during your time on the course.

1. Learner Details

First name: (Your full legal first name that will appear on your certificate)

Middle name(s):

Surname: (Your full legal surname name that will appear on your certificate)

Email address: (please provide a personal email address)

Date of birth: (dd/mm/yyyy)

Employee number: (if applicable)

Do you consider yourself to have a disability?

Yes No

If yes, please state:

Do you wish to discuss any potential need for additional support with a member of the Buttercups Training staff?

Have you previously enrolled onto or completed course(s) with Buttercups Training?

Yes No

If yes, please state the name of the course(s):

2. How Did You Hear About Us?

Please let us know how you heard about Buttercups Training.

- Existing / returning customer
 Social Media
 Word of mouth
 Advert
 Member / buying group
 Search engine

Other: (please specify)

3. Company Details

Company name:

Trading as: (if applicable)

Company address:

Postcode:

Telephone number:

Email address:

Please provide the name(s) and membership number(s) of any member organisations / buying groups that you are a member of:

4. Company Invoice Address (if different from above)

Company name:

Trading as: (if applicable)

Company address:

Postcode:

Telephone number:

Email address:

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5. Course Delivery

This course is available to complete online with interactive tutorials and assessments. Please confirm a computer or tablet with internet access to Buttercups is available for the learner and their supervising pharmacist within the workplace, as some assessments require invigilation.

Tick to confirm

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

6. Learner Signature

I agree to the learner agreement on page 3 of this enrolment form.

Signature:

Date: (dd/mm/yyyy)

7. Manager Declaration

I confirm that the learner is working within the workplace named in the company details section and I have the authority to approve their enrolment on the course.

It is required that the learner has a named supervising pharmacist to support them during their time on the course. This person must meet the necessary requirements for this role found on page 3 of this enrolment form. Please select one of the options below:

I agree to act as the supervising pharmacist for this learner and confirm I meet the necessary requirements for this role found on page 3 of this enrolment form.

OR

I am unable to act in the role of supervising pharmacist and will ensure that details of an alternative supervising pharmacist is provided in Section 8.

First name(s):

Surname:

GPhC / PSNI registration number: (if applicable)

Date of birth: (dd/mm/yyyy)

Email address: (please provide a personal email address)

Signature:

Date: (dd/mm/yyyy)

8. Alternative Supervising Pharmacist Details

I agree to act as the supervising pharmacist for this learner and confirm I meet the necessary requirements for this role found on page 3 of this enrolment form.

First name(s):

Surname:

GPhC / PSNI registration number:

Date of birth: (dd/mm/yyyy)

Email address: (please provide a personal email address)

Signature:

Date: (dd/mm/yyyy)

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Learning Agreement

This agreement is between the learner, the supervising pharmacist and Buttercups Training Ltd. Please read the requirements and responsibilities that you are committing to on enrolment to this course.

Learner Responsibilities:

- I will take responsibility for my course, making sure I meet any deadlines
- All work I submit for assessment will be my own
- I will actively participate in all learning activities whilst on this course
- 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 will contact Buttercups Training Ltd if I require a paper copy of the learner handbook
- I will contact Buttercups Training Ltd if there is any change to my circumstances
- I will contact Buttercups Training Ltd if I require any adjustment for my course under the Equality Act

Supervising Pharmacist Requirements and Responsibilities:

- I work regularly alongside the learner
- I am not related to the learner and have no significant relationship with them
- I will complete the mentor support course at the start of the learner's programme
- I will provide the learner with study time where possible in the workplace
- I will support the learner throughout the course and ensure that the learner is working in the appropriate area to be able to complete their course
- I will complete and authenticate learner workplace assessments unless there is a justifiable reason not to do so, in which case I will communicate that with both the learner and Buttercups Training Ltd
- I will notify Buttercups Training Ltd if I am no longer able to be the supervising pharmacist for this learner

Buttercups Training Responsibilities:

- We treat all learners with fairness regardless of age, sex, sexual orientation, disability, race, gender, religion, marriage or civil partnership, or pregnancy
- We will respond to all enquiries in a timely manner
- We will follow procedures laid down in the learner and mentor handbooks
- All submitted work will be assessed within a reasonable time period

PLEASE SEND YOUR COMPLETED FORM TO BUTTERCUPS TRAINING IN ONE OF THE FOLLOWING WAYS:

EMAIL: enrolments@buttercups.co.uk

POST:

Buttercups Training
Enrolments Team
Buttercups House
Castlebridge Office Village
Castle Marina Road
Nottingham
NG7 1TN