

Care Home Staff Training for Medicines Management

Enrolment Form – Page 1 of 2

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)

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

Email address: (please provide a personal email address)

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. Learner Workplace Details

Company name:

Trading as: (if applicable)

Company address:

Postcode:

Telephone number:

3. Course Tutor Details

This will be the pharmacist or pharmacy technician delivering your training course.

First name(s):

Surname:

GPhC number:

Email address: (please provide a personal email address)

4. Tutor Workplace Details

Company name:

Trading as: (if applicable)

Company address:

Postcode:

Telephone number:

Email address:

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.

5. Learner Qualifications and Signature

I agree to the learner agreement on page 2 of this enrolment form.

Signature:

Date: (dd/mm/yyyy)

6. Tutor Declaration

I agree to the tutor requirements and responsibilities listed on page 2 of this enrolment form.

I confirm I have the authority to approve the enrolment of these courses.

Signature:

Date: (dd/mm/yyyy)

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7. Course Payment Details

Please detail below who will be paying for the course and what materials are required.

Tutor Materials Required:

One tutor access to the online training resources will be required at a cost of £60 +VAT

OR

I do not require another tutor copy of the online resources as I am already a registered trainer with Buttercups Training.

Invoice to:

Company name:

Trading as: (if applicable)

Company address:

Postcode:

Telephone number:

9. Employer Complaints Policy

If a complaint cannot be resolved immediately by the Customer Services Team, it must be escalated to our central complaints inbox:

Complaints@buttercups.co.uk

Upon receipt, the Customer Services Team will acknowledge your complaint and direct it to the appropriate department for investigation. This may include:

- Apprenticeship Services: Administration-related issues
- Finance: Contract and billing matters
- Client Services & Products: Learner material enquiries
- Teaching, Learning & Assessment: "On-programme" learner concerns
- Operations: Staff-related issues
- Digital & Technology Solutions: Technical problems

Learning Agreement

This agreement is between the learner, the facilitator 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 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

Tutor Requirements and Responsibilities:

- I am able to act as the trainer for this learner
- 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 notify Buttercups Training Ltd if I am no longer able to be the tutor for this learner
- I have no significant relationship with the 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