

# Foundation Practice Programme and Foundation Practice Programme with additional module: Introduction to Primary Care Practice

## Enrolment Form – Page 1 of 4

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 programme.

### 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)

GPhC registration number:

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. Employer or Company Details

Employer/ Company name:

Trading as: (if applicable)

Employer/ 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. Employer or Company Invoice Address

(if different from above)

Employer/Company name:

Trading as: (if applicable)

Employer/Company address:

Postcode:

Telephone number:

Email address:

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### 5. Programme Delivery

This programme is available to complete online with interactive activities and assessments. Please confirm a computer or tablet with internet access to Buttercups is available for the learner and their workplace mentor within the workplace.

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://media.buttercupstraining.co.uk/sites/media/bc/files/documents/gdpr-policy\\_4.pdf](https://media.buttercupstraining.co.uk/sites/media/bc/files/documents/gdpr-policy_4.pdf)) or contact [GDPR@buttercups.co.uk](mailto:GDPR@buttercups.co.uk).

Please tick to say you have read the data protection policy.

### 6. Employer Declaration

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

It is the employer's responsibility to provide the learner with appropriate support whilst undertaking this programme. This will partly be fulfilled by the requirement for you to select a workplace mentor for the duration of the programme, who is either a pharmacist or pharmacy technician registered with the GPhC or a registered healthcare professional.

Please select one of the options below:

I agree to act as the workplace mentor for this learner and confirm I meet the necessary requirements for this role found on page 4 of this enrolment form.

**OR**

I am unable to act in the role of workplace mentor and will provide details of an alternative workplace mentor in Section 7.

First name(s):

Surname:

Professional registration number e.g. GPhC number

Job title:

Date of birth: (dd/mm/yyyy)

Email address: (please provide a personal email address)

Signature:

Date: (dd/mm/yyyy)

As an employer, do you agree:

To provide the workplace mentor with adequate time to enable them to conduct regular meetings, reviews or assessments of the learner in a suitable quiet location.

Yes  No

### 6. Employer Declaration (continued)

To provide the workplace mentor with support to undertake the role effectively. This includes providing opportunities for them to complete training courses or other CPD necessary for them to fulfil their role.

Yes  No

To provide a replacement workplace mentor within 4 weeks should the appointed person be unable to fulfil this role. If this is not possible you agree that Buttercups can place the learner on a break in learning until a suitable workplace mentor is found.

Yes  No

To arrange for suitable IT infrastructure to enable the learner and workplace mentor to access the programme materials and assessments online. If there are issues with this, we will report to Buttercups at the earliest opportunity to find an agreed solution.

Yes  No

### 7. Alternative Workplace Mentor Details

I agree to act as the workplace mentor for this learner and confirm I meet the necessary requirements for this role found on page 4 of this enrolment form.

First name(s):

Surname:

Professional registration number e.g. GPhC number

Job title:

Date of birth: (dd/mm/yyyy)

Email address: (please provide a personal email address)

Signature:

Date: (dd/mm/yyyy)

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Please say why you have chosen to do the Foundation Practice Programme or Foundation Practice Programme with additional module: Introduction to Primary Care Practice

What do you hope to achieve from undertaking the Foundation Practice Programme or Foundation Practice Programme with additional module: Introduction to Primary Care Practice?

How do you think this programme will benefit you, your career and your organisation?

## Learning Agreement

The delivery of the Foundation Practice Programme and Foundation Practice Programme with additional module: Introduction to Primary Care Practice, is a partnership between the learner, the workplace mentor (on behalf of the employer) and Buttercups Training. Please read the responsibilities that you are committing to on enrolment to this course.

### Learner Requirements and Responsibilities

- I will adhere to the GPhC standards for pharmacy professionals in my practice as a pharmacy technician
- I will commit to time for successful completion of the programme within the 12 months' time frame, which may mean working in my own time
- I will participate in regular review meetings with my workplace mentor
- I will comply with the policies, regulations and procedures of the programme found in the course materials and/or learner hand book
- I will engage positively with learning and feedback
- 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 will only submit assignments which are the result of my own work
- 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 programme under the Equality Act

Please sign to confirm you agree to the above learner responsibilities.

Learner Signature:

Date: (dd/mm/yyyy)

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#### Workplace Mentor Requirements and Responsibilities

As a workplace mentor for the programme, I agree to the following requirements and responsibilities:

- I am a registered healthcare professional
- I am not related to the learner and have no significant relationship with them
- I will complete the mentor course at the start of the learner's programme
- I will support the learner throughout the programme and facilitate study time where possible in the workplace
- I will meet with the learner at least once a month to review their progress
- I will be responsible for reviewing and signing off work-based assignments before they are submitted to Buttercups Training for validation
- I will be responsible for invigilating the final multiple-choice test
- I agree to notify Buttercups of any fitness to practise concerns that may arise during the programme
- I will notify Buttercups Training Ltd if I am no longer able to be the workplace mentor for this learner

Please sign to confirm you agree to the above workplace mentor responsibilities

Mentor Signature:

Date: (dd/mm/yyyy)

#### 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

#### Foundation Practice Programme Delivery

Please indicate which course you are enrolling for:

- Foundation Practice Programme (List price £200 + VAT)
- Foundation Practice Programme with additional module: Introduction to Primary Care Practice. (List price £300 + VAT)

Please note that after enrolment on the Foundation Practice Programme, learners will be given access to the introductory module and module 1. Further modules will be released on a monthly basis

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

**EMAIL:** [enrolments@buttercups.co.uk](mailto:enrolments@buttercups.co.uk)

**POST:**

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