



This programme suits the needs of dispensing practices where there is no pharmacist or pharmacy technician.

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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.

**PLEASE NOTE:** By submitting this application to Buttercups Training, the employer is confirming that they do NOT wish to apply for apprenticeship funding for this course. For more information about apprenticeship funding, please visit the following website: <https://www.buttercupstraining.co.uk/programmes/apprenticeship-pharmacy> or call the office on 0115 9374936

#### 1. Learner Details

Title: ☐ Mr ☐ Mrs ☐ Miss ☐ Ms Other please state

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)

Gender:

☐

Male

☐

Female

Employee number: (if applicable)

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):

Contracted Working Hours:

Mon

Tue

Wed

Thu

Fri

Sat

Sun

#### 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)

Please note, Buttercups Training does not accept self-funded enrolments for this course.

Company name:

Trading as: (if applicable)

Company address:

Postcode:

Telephone number:

Email address:

# Level 2 NVQ Certificate in Pharmacy Service Skills (No GPhC Registrant Supervision)

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### 5. Course Delivery

This course is available to complete online. Please confirm a computer or tablet with internet access to Buttercups is available for the learner.

☐ 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](mailto:GDPR@buttercups.co.uk).

### 6. Learner Signature

☐ I agree to the learner agreement on page 4 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.

☐ I understand that this application will not be screened for any apprenticeship funding opportunities and full course fees will be invoiced to the address listed above.

It is required that the learner has an expert witness and mentor to support them during their time on the course. This person(s) must meet the necessary requirements for this role found on page 4 of this enrolment form. Please select one of the options below:

☐ I agree to act as the expert witness and 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 expert witness and/or mentor and will ensure that alternative details are provided in Section 8 and 9 accordingly

**OR**

☐ I am unable to act in the role of the expert witness but will support the learner as their mentor. I understand Buttercups will provide an expert witness for the learner.

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 Expert Witness Details

It is a requirement that the learner is observed in the workplace throughout the course by an Expert Witness. This must be either a pharmacist or a registered pharmacy technician.

☐ I agree to act as the expert witness 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:

GPhC / PSNI registration number:

Date of birth: (dd/mm/yyyy)

Email address: (please provide a personal email address)

Does the expert witness have a significant relationship with the learner?

☐ Yes ☐ No

If yes, please state

Signature:

Date: (dd/mm/yyyy)

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### 9. Alternative Mentor Details

It is a requirement of this course that **at least 1 hour study time per week is granted in the workplace**. It is strongly recommended that the learner has a workplace mentor to support them through their course. The mentor will work alongside Buttercups Training to ensure that the learner has help, support and guidance to ensure timely completion of their course. The mentor will be enrolled onto the mentor website and have access to support documentation and guidance.

☐ I agree to act as the 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:

GPhC registration number: (if applicable)

Date of birth: (dd/mm/yyyy)

Email address: (please provide a personal email address)

Does the mentor have a significant relationship with the learner? ☐ Yes ☐ No

If yes, please state

Signature:

Date: (dd/mm/yyyy)

### 10. Working Environment

In order for the learner to be able to complete this course, they will need to be working in an environment that allows them to perform certain tasks. Please answer the following questions relating to the learner's workplace and duties.

**Please tick the appropriate boxes for all questions listed:**

Is this workplace a pharmacy or dispensary that is not patient facing? ☐ Yes ☐ No

Are you involved in receiving prescriptions from individuals in a face-to-face situation? ☐ Yes ☐ No

Are you involved in dispensing prescriptions? ☐ Yes ☐ No

Are you involved in handing out prescriptions to the client in a face-to-face situation and counselling them on their medication? ☐ Yes ☐ No

Are you involved in receiving stock? ☐ Yes ☐ No

Are you involved in ordering stock? ☐ Yes ☐ No

Are you involved in maintaining stock, for example, carrying out date checks? ☐ Yes ☐ No

Before we can proceed with their enrolment onto the course, Buttercups Training will screen the answers and contact the employer if there are any concerns. The employer may be required to arrange a placement for their learner to allow them to perform the tasks listed above.

### 11. Please read the following statements

#### Statement of authenticity:

All work completed must be that of the learner. All word processed documents should be signed and dated. The mentor and expert witness should make use of oral / written questions to identify work sent to Buttercups Training as authentic. Learners may study together but all assignments should be completed independently.

#### Forgeries Statement:

On receiving any forged work Buttercups Training reserve the right to remove the learner from the course. 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 a learner's performance which are untrue and both the learner and witness have signed to confirm its authenticity

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

#### 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 course to the Head of Centre.

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## Learning Agreement

This agreement is between the learner, the Mentor, the Expert Witness 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
- 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.

### Expert Witness Requirements and Responsibilities:

- I am a pharmacist or pharmacy technician
- I work regularly alongside the learner
- I am not related to the learner and have no significant relationship with them
- I will complete the expert witness course at the start of the learner's programme
- I will 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 expert witness for this learner

### Mentor Responsibilities:

- 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

### 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](mailto:enrolments@buttercups.co.uk)

**POST:** Buttercups Training, Enrolments Team, Buttercups House, Castlebridge Office Village, Castle Marina Road, Nottingham, NG7 1TN