

Management for Healthcare Professionals

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)

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)

Learner job role:

(information given here will determine which version of the course you will receive)

- New pharmacist
 More experienced pharmacist

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. Please confirm a computer or tablet with internet access to Buttercups is available for the learner and their 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://buttercupstraining.co.uk/content/general-data-protection-regulation>) or contact GDPR@buttercups.co.uk.

6. Learner Signature

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.

First name(s):

Surname:

Job role:

Date of birth: (dd/mm/yyyy)

Email address: (please provide a personal email address)

Signature:

Date: (dd/mm/yyyy)

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