

#### Section 1 - to be completed by the lead employer

This section of the form needs to be completed by the apprentice's employer, who pays their wages. They will be referred to as the lead employer for the remainder of the form.

Apprentice Name:	Lead Employer Name:	
Reason for Placement		
Please tick to confirm ALL reason(s) a placer	ment is required for this apprentice.	
Reason	Description	Tick
Patient-facing experience (in person)	This will most likely to be required in internet or delivery pharmacies, and aseptics or manufacturing units.	
Dispensing of medicines	This is most likely to be a needed in a primary care setting where the role is predominately medicines review and optimisation with patients.	
Inadequate supervision by a pharmacist or pharmacy technician	In some environments where medicines are dispensed, it is completed under the supervision of a doctor, such as the Armed Forces or a dispensing doctor's practice.	
The apprentice is undertaking a cross-sector training post	Some organisations rotate their apprentice pharmacy technicians into different departments or sectors during their time on programme in order to provide their apprentices with a wide range of experiences. This is often known as a cross-sector training post or a rotational training post.  Please ensure to tick any other applicable reasons for the placement. For example, if the lead employer is also unable to provide patient-facing experience.	

Number	or Placement	.5

Please confirm how many different placement locations/providers you have chosen to meet the placement requirements

Please note, if there is more than one placement provider, each additional placement provider will need to complete Section 3.

#### **Placement Scheduling & Purpose**

We recommend using 'job share' style placements where the apprentices are based at the placement provider on a regular basis (for example one day a week), rather than block placements.

However, if this arrangement is not possible, we have outlined alternative placement scheduling options below which will align the timing of the placement to the relevant teaching in the programme, as this is best for the apprentice.

Please detail the scheduling of the placement in the relevant requirement box below. Please note that the schedule needs to be agreed and arranged before the enrolment can continue.

**NB** – There are 21 periods of training in the training plan delivered by Buttercups Training Ltd. Each "period" listed below translates to approximately 35 days, assuming the apprentice is targeted to complete their training prior to the end-point assessment in 24 months.



Patient-facing experience
There are significant learning outcomes within both standards that will require the apprentice to communicate with patients face to face, particularly around medicines optimisation and patient counselling.
Suggested placement
The apprentice will need to have placements and a job share arrangement of 1-2 days a week for the duration of the programme is recommended.
If you are unable to support this, the placements should be linked to short placements in periods 8 or 9 of around 1-2 weeks, followed by regular placements during periods 8-16, which could be accommodated as:  1-2 days each week
<ul> <li>1 week each period</li> <li>1 month in every 3-4 periods e.g. placement in periods 8, 11, 14</li> </ul>
Each of these options works out to about 12 weeks of patient-facing contact, the exact amount of time will depend on the apprentice's ability to learn and their prior experience of communication and consultation skills.
When will the placements be scheduled?
1-2 days every week for duration of programme
1 week in each period of programme
1 month in every 3 periods of programme
Other, please specify:
Dispensing of Medicines
The apprentice will need to be able to show they can accurately dispense and manage the supply processes including stock.
Suggested placement
The apprentice will need to have placements and a job share arrangement of 1-2 days a week for the duration of the programme is recommended.
If you are unable to support this, the placements should be during periods 3-6 when they learn the related theory in the programme.
During this time, we would expect at least 50% of their hours to be dispensing, either as blocks or split days. If the apprentice is not already a qualified dispensing assistant, then this time may need to increase to nearer 100% during these periods.
In addition, for a few days each period during periods 8-10, 12-14 and 15-16 it would be beneficial for the apprentice to experience specific drug dispensing practices when they are completing the therapeutic drug modules.
When will the placements be scheduled?
1 day a week for the duration of programme
50% of time in periods 3-6 and 2 days per period in 8-10, 12-14 and 15-16
100% of time in periods 3-6 2 days per period in 8-10, 12-14 and 15-16
Other, please specify:



Inadequate supervision by a pharmacist or pharmacy technician
The standards require the apprentice to be under the supervision of a pharmacy registrant for a minimum of 14 hours per week.
Suggested placement
The apprentice will need to have a placement for a minimum of 14 hours a week in an appropriate environment for the duration of the course, under a suitable pharmacy registrant.
The pharmacy registrant at the placement would also need to agree to act as the workplace training supervisor.
The apprentice's wages must be paid by the lead employer for any time spent at the placement provider
When will the placements be scheduled?
Please detail when the apprentice will be based at the placement provider. This must total a minimum of 14 hours a week: (E.g. Monday: 9-5, Tuesday: 9-12, Thursday: 2-6)
Monday Friday
Tuesday Saturday
Wednesday Sunday
Thursday
Tick to confirm the nominated placement mentor agrees to act as the workplace training supervisor for the programme
Tick to confirm the lead employer will pay the apprentice's wages for any time spent working at the placement provider
Cross-sector Training Post
If the apprentice is in a cross-sector training post, however there is also another reason for a placement (e.g. patient facing experience, dispensing of medicines or inadequate GPhC supervision), please leave this section blank and complete the relevant section above.
Suggested placement
A job share arrangement of 1-2 days a week for the duration of the programme is recommended for cross-sector training positions.
However, providing the apprentice can complete the following tasks on a regular basis throughout the programme at either the lead
employer or placement provider(s), we will consider other schedules:  Regular patient-facing experience (in person)
Participation in stock management     Dispensing a wide range of prescriptions
When will the placements be scheduled?
1-2 days every week for duration of programme
Other, please specify (including type of company, duration and timing of placement):



Contingency Plan	
Should the nominated placement provider be unable to fulfil the must be able to provide a contingency plan for their apprentice. where requested.  Option 1  The lead employer is able to provide an alternative placeme	<u> </u>
If selected, please outline details of the alternative placement:	
Option 2 The lead employer understands that the apprentice will be very future apprenticeship enrolments where a placement is req	withdrawn from the programme and will be ineligible for any uired
Lead Employer Authorisation	
This placement agreement must be authorised by a director, sup firmthat the placement provider agrees to the placement and an multiple we will request this information directly from your Head	y contractual arrangements require. If your company is a large
Name of Authoriser	<ul> <li>I confirm that the placement provider listed agrees to this placement and any contractual agreements required</li> </ul>
Job Role	For apprentices based at pharmacies with multiple sites: I agree for Buttercups Training to contact my head office to gain approval for this placement
Contact email address	Signature of Authoriser
☐ I confirm the apprentice will be paid during their time on placement	



#### Section 2 - to be completed by the placement provider

who will be hosting the placement. They will be referred to	'
Placement Details	Are you aware of and do you promote British Values within the workplace?
Host Company Name:	Yes No
Placement Address & Postcode:	As a funding requirement, Buttercups Training request that the employer submits a copy of the Employers' Liability Insurance for the branch where the apprentice is based. Employers' Liability Insurance is different to Public Liability and Professional Indemnity Insurance.  Please visit the following link for further details: <a href="https://www.gov.uk/employers-liability-insurance">www.gov.uk/employers-liability-insurance</a>
Contact Telephone Number:	"You must get Employers' Liability (EL) insurance as soon as you become an employer - your policy must cover you for at least £5 million and come from an authorised insurer."
Contact Email Address:	Have you enclosed a copy of your Employer's Liability Insurance certificate? (Please note, if your company is part of a large multiple we will request this directly from your Head Office.)
Site Manager Name:	Yes No
	Placement Mentor Details
Site Manager Email:	
Please supply the contact details of the person within your branch who is responsible for Health and Safety:	The nominated mentor will need to be complete and sign this section of the agreement to confirm that they agree to act as a mentor for the apprentice and report back to the apprentice's nominated workplace training supervisor (at the lead employer). Please note, the nominated mentor must be a GPhC registrant and they will given access to a short training
Does the company have a safeguarding policy or statement?	course prior to the apprentice's placement so that they understand the mentor's role and requirements.
Yes No	Name of Mentor:
Does the company have a nominated safeguarding officer?	
Yes No	Job Title:
If yes, please provide details: Name:	
	GPhC Registration Number:
Email:	
	Contact email address:
Telephone Number:	
	I have read the GDPR privacy policy listed below
Is there a Health and Safety policy in place?	I confirm I DO NOT have a significant relationship or financially dependent relationship with the apprentice or
Yes No	the employer
If yes, how often is it reviewed:	☐ I confirm that my employer has given permission for me to act in this role
Have rick accomments been carried out to identify ricks and	Signature of Mentor
Have risk assessments been carried out to identify risks and put adequate risk control measures in place?	
Yes No	
Have you heard of the government's Prevent Strategy?	
Yes No	



#### **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 programme 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 by visiting https://buttercupstraining.co.uk/ content/general-data-protection-regulation or contact GDPR@buttercups.co.uk. Please tick to say you have read the privacy policy.

Placement Authorisation	
This placement agreement must be authorised by a director, s that the placement provider agrees to the placement and any	superintendent pharmacist or chief pharmacist, in order to confirm contractual arrangements required.
If your company is a large multiple we will request this information your behalf.	ation directly from your Head Office, HR or training department on
Name of Authoriser:	<ul> <li>I confirm that the placement provider listed agrees to this placement and any contractual agreements required</li> </ul>
Job Role:	For placements based at pharmacies with multiple sites: I agree for Buttercups Training to contact my head office to gain approval for this placement
Contact email address:	Signature of Authoriser:



#### Section 3 - to be completed by additional placement provider(s), if applicable

If the lead employer has arranged for more than one placement provider, this section must be completed by each additional placement provider.

Placement Details	Have risk assessments been carried out to identify risks and
Host Company Name:	put adequate risk control measures in place?  Yes No
	Have you heard of the government's Prevent Strategy?
Placement Address & Postcode:	Yes No
	Are you aware of and do you promote British Values within
	the workplace?
	Yes No
Contact Telephone Number:	As a funding requirement, Buttercups Training request that the employer submits a copy of the Employers' Liability Insurance for the
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Site Manager Email:	Have you enclosed a copy of your Employer's Liability
	Insurance certificate? (Please note, if your company is part of a large multiple we will request this directly from your Head Office.)
Please supply the contact details of the person within your	
branch who is responsible for Health and Safety:	Yes No
	Placement Mentor Details
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Does the company have a safeguarding policy or statement?	
Yes No	The nominated mentor will need to be complete and sign this section of the agreement to confirm that they agree to
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#### Section 3 - to be completed by additional placement provider(s), if applicable

If the lead employer has arranged for more than one placement provider, this section must be completed by each additional placement provider.

Placement Details	Have risk assessments been carried out to identify risks and
Host Company Name:	put adequate risk control measures in place?  Yes No
	Have you heard of the government's Prevent Strategy?
Placement Address & Postcode:	Yes No
	Are you aware of and do you promote British Values within
	the workplace?
	Yes No
Contact Telephone Number:	As a funding requirement, Buttercups Training request that the employer submits a copy of the Employers' Liability Insurance for the
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Contact Email Address:	is different to Public Liability and Professional Indemnity Insurance.
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Placement Address & Postcode:	Yes No
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I have read the GDPR privacy policy listed below	
I confirm I DO NOT have a significant relationship or financially dependent relationship with the apprentice or the employer	
☐ I confirm that my employer has given permission for me to	act in this role
Signature of Mentor	
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 programme 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 by visiting https://buttercupstraining.co.uk/ content/general-data-protection-regulation or contact GDPR@buttercups.co.uk. Please tick to say you have read the privacy policy.	
Placement Authorisation	
This placement agreement must be authorised by a director, s that the placement provider agrees to the placement and any	uperintendent pharmacist or chief pharmacist, in order to confirm contractual arrangements required.
If your company is a large multiple we will request this information directly from your Head Office, HR or training department on your behalf.	
Name of Authoriser:	I confirm that the placement provider listed agrees
	to this placement and any contractual agreements required
Job Role:	For placements based at pharmacies with multiple sites: I agree for Buttercups Training to contact my head office to gain approval for this placement
	Signature of Authoriser:
Contact email address:	