

APPLICATION FOR FUNDING FOR PHARMACISTS POST-REGISTRATION TRAINING THROUGH THE PHARMACY INTEGRATION FUND

Name of Applicant	
GPhC registration Number	
Work Address / Sponsoring Pharmacy (including name of Employer / Organisation)	
Contact Address (if different from above)	
Contact Work Phone Number	
Contact Mobile Phone Number	
Contact Email Address	

Award Aim: Please tick the relevant option	Individual modules on an ad-hoc basis (up to 60 credits can be funded)					
	PG Certificate following a structured pathway (60 Credits, fully funded)					
	PG Diploma following a structured pathway (120 credits, only 60 credits will be funded)					
	PG Masters following a structured pathway (180 credits, only 60 credits will be funded)					
If choosing to study ad-hoc modules, please indicate which modules you would like to study	Practice Foundations PHAR5802	Clinical Foundations PHAR5817	Clinical Practice 1 PHAR5830	Clinical Practice 2 PHAR5831	Clinical Practice 3 PHAR5832	
	Practice Development PHAR5817	Service Evaluation PHAR5814	Public Health PHAR5807	Secondary Care PHAR5820	Primary Care PHAR5819	
Existing DMU PG students only. Please indicate which eligible modules you have outstanding, including modules newly commenced from January 2018	P Number			Study Cohort		
	Practice Foundations PHAR5802	Clinical Foundations PHAR5817	Clinical Practice 1 PHAR5830	Clinical Practice 2 PHAR5831	Clinical Practice 3 PHAR5832	
	Practice Development PHAR5817	Service Evaluation PHAR5814	Public Health PHAR5807	Secondary Care PHAR5820	Primary Care PHAR5819	

Applicants are required to be in current employment in community pharmacy or a Health and Justice pharmacy role for a minimum of 0.4FTE hours (15 hours per week).	Current patient-facing work in a community practice or a Health and Justice pharmacy provider.		
	Hours worked per week		
	Full time equivalence		
Locum pharmacists will require a letter of sponsorship (see page 3)	Please indicate if you are an:		
	<input type="checkbox"/> Employee Pharmacist <input type="checkbox"/> Locum Pharmacist		
Community pharmacy applicants are required to demonstrate the added value of their training to service delivery. Please indicate if you are currently actively involved in any area of community pharmacy care delivery.	Select all that apply:		
	<input type="checkbox"/> Healthy Living Pharmacy <input type="checkbox"/> New Medicine Service (NMS) <input type="checkbox"/> Medicines Use Review <input type="checkbox"/> Seasonal Flu Vaccination Service <input type="checkbox"/> Locally Commissioned (e.g. Minor Ailment Service) <input type="checkbox"/> Other (Please state)		
<ul style="list-style-type: none"> • I confirm that I am currently fit to practise as per the GPhC requirements. • I understand that personal information will be shared with Health Education England, NHS England and anyone appointed by NHS England to undertake evaluation. For students accessing funding allocated to the London and South East region, information will also be shared with Bath University, as lead provider in that region. • I consent to declared information on disability being shared with Health Education England, NHS England and anyone appointed by NHS England to undertake evaluation, in order to carry out monitoring and to ensure that applicants do not suffer discrimination. For students accessing funding allocated to the London and South East region, information will also be shared with Bath University, as lead provider in that area. • I commit to participate in the development of case studies to demonstrate the impact of their role as part of the transformation of pharmacy services, and have willingness for this information to be shared with third parties, e.g. Health Education England, NHS England and anyone appointed by NHS England to undertake evaluation. • I commit to be part of a future evaluation of the impact of new skills on service delivery. • I confirm that I am <u>not</u> enrolled on any of the following NHS England Service Pathways: <ul style="list-style-type: none"> • Integrating Pharmacy into Urgent Care • Pharmacy Integration in Care homes • Clinical Pharmacists in General Practice Phase 1 and 2 • I understand that if any of the above information changes I will notify the programme leader at De Montfort University immediately. • I understand that any false declaration will result in funding being withdrawn and any accrued and future fees being charged to me personally. 			
Printed Name of Applicant			
Signature		Date	

Declaration of support from the pharmacist's employer or sponsoring community pharmacy

Pharmacy Integration Fund funding requires that employee pharmacists have employer agreement to release them for study days and support their learning through work-based assessments. Locum pharmacists must have support from a pharmacy, where they are engaged, for learning through work-based assessments.

Modules on the course are designed to demonstrate application of learning in a pharmacy setting, allowing the pharmacist to evaluate and reflect on practice, and demonstrate how they have supported patients and the multidisciplinary team to improve outcomes, health and wellbeing. As such, students may need access to data, service users, colleagues and wider MDT members, however, students are advised that all information should remain confidential and that they should not name patients, colleagues and organisations, unless specific permission has been obtained and is required for assessment purposes.

Prospective students must arrange for this declaration to be completed by a line manager, or suitably authorised individual within the workplace, as part of the application process. De Montfort University reserves the right to confirm authorisation with the employer.

Name of Employer / Sponsor*			
Position in the organisation			
Telephone Number		Email Address	
I agree to provide the support outlined above to enable the above named student to complete their learning on modules funded through the Pharmacy Integration Fund			
Signature		Date	

*For Health and Justice Pharmacists, this should be the Head of Healthcare.