



## North West Universities NMP collaboration Application form for Community Practitioner Nurse Prescribing (V150) courses

### Notes for applicants

The application process requires that applicants meet all criteria for appropriate governance of a prescribing role. Please complete this form electronically, add the applicant's name to all pages, enter dates in DD/MM/YYYY format, ensure all sections are signed and dated by the relevant person, and scan the form for submission to the chosen university.

**All sections of this form must be completed fully before submission. Failure to complete the form fully and accurately may delay the commencement of the course.**

Universities may require applicants to meet additional entry criteria. Where this applies, details are available from the University. Links to course webpages, privacy notices and contact details are provided on page 10 of this form.

Applicants may be required to meet their employing organisation's criteria before submitting an application. This may include submission of a completed application form several months in advance of the course start date. Applicants are advised to contact their employing organisation's Non-Medical Prescribing Lead as early as possible in the process.

### Section 1 (to be completed by the applicant)

University applying to:	<input type="checkbox"/> Bolton <input type="checkbox"/> Chester	<input type="checkbox"/> Cumbria <input type="checkbox"/> UCLAN
Preferred start date:	Click or tap here to enter text.	
How will the course be funded?	<input type="checkbox"/> Employer funding <input type="checkbox"/> Self-funding <input type="checkbox"/> Other (please specify) Click or tap here to enter text.	

### Section 1a: personal details (to be completed by the applicant)

First name(s):	Click or tap here to enter text.
Surname:	Click or tap here to enter text.
Title (Mr/Mrs/Ms/Dr/other):	Click or tap here to enter text.
Previous surname:	Click or tap here to enter text.
Date of birth:	Click or tap here to enter text.
National Insurance number:	Click or tap here to enter text.
NMC registration number (Level 1 registration):	Click or tap here to enter text.
Job title:	Click or tap here to enter text.
Employer/Trust (or state if self-employed):	Click or tap here to enter text.
Work address:	Click or tap here to enter text. Click or tap here to enter text.
Postcode:	Click or tap here to enter text.
Work telephone number:	Click or tap here to enter text.
Work email address:	Click or tap here to enter text.

**Applicant name:** Click or tap here to enter text.

Home address:	Click or tap here to enter text. Click or tap here to enter text.
Postcode:	Click or tap here to enter text.
Home telephone number:	Click or tap here to enter text.
Home email address:	Click or tap here to enter text.
Mobile phone number:	Click or tap here to enter text.
Country of birth:	Click or tap here to enter text.
Nationality:	Click or tap here to enter text.
Country of domicile/area of permanent residence:	Click or tap here to enter text.

### Applicants not born in the United Kingdom

Date of first entry to the UK	Click or tap to enter a date.
Date of most recent entry to the UK (apart from holidays)	Click or tap to enter a date.
Date from which you have been granted permanent residence in the UK	Click or tap to enter a date.
If you are a non-British EU national who is not living in the UK, will you have been living in the EU for three years by 1st September of the year in which the course begins?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Professional and Academic Qualifications

(Include all degrees, short courses and courses leading to registration; most recent first.)

Date obtained	Course title	Academic level	Course provider
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Applicants should check with the University of their choice whether evidence of the most recent and highest-level academic study is to be submitted to the University

Do you consider that you have the competence, experience and academic ability to study at the level required to undertake the community practitioner nurse prescribing programme?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you previously commenced but not completed a non-medical prescribing course?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give course dates, university name and reason for non-completion.	Click or tap here to enter text.

**Applicant name:** Click or tap here to enter text.

**Section 1b: criminal conviction check** (to be completed by the applicant)

All applicants should be aware that for courses in health or with children and vulnerable adults, any criminal convictions, including sentencing and cautions (including verbal cautions), reprimands, final warnings and bind-over orders are exempt from the Rehabilitation of Offenders Act 1974.

During your application, the University will ask you and your employer to confirm you have had a satisfactory enhanced criminal convictions check (obtained from the Disclosure and Barring Service (DBS) or the Scottish Criminal Records Office Disclosure Document Service) **or** if you are an independent practitioner, to apply for and supply an enhanced DBS disclosure. Check with the University for their policy on this.

Furthermore, if you are convicted of a criminal offence after you have applied, you must tell the University.

**Applicant self-declaration** (tick the appropriate box):

- I have a criminal conviction
- I have not had a criminal conviction since my last criminal conviction check
- I have never had a criminal conviction

**All applicants**

- I have a satisfactory enhanced DBS check (or equivalent in Scotland) obtained within three years of the programme start date
- My enhanced DBS check has been obtained by my employing organisation

**DBS disclosure number**      Click or tap here to enter text.      **Issue date:**      Click or tap to enter a date.

- I have subscribed to the DBS update service and consent to the university carrying out a status check.

**Signed** (applicant): \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please note:** The University will advise if a copy of the DBS certificate is to be submitted by the applicant.

**Section 1c: personal statement** (to be completed by the applicant)

**All applicants** must provide a short statement that identifies how they expect prescribing to benefit their role. They must also demonstrate how they have worked in partnership with service users to reach shared decisions in the design and evaluation of care. In addition, applicants must demonstrate how they reflect on their own performance and take responsibility for their own continuing professional development (CPD), including the development of networks for support, reflection and learning.

Click or tap here to enter text.

**Signed** (applicant): \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant name:** Click or tap here to enter text.

**Section 2 (to be completed by line manager). All parts MUST be completed.**

**Section 2a: suitability of the applicant to prescribe and confirmation of good health and character to enable safe and effective practice**

Is the applicant a Registered Nurse (level 1), midwife or SCPHN eligible to undertake V150 Community Practitioner Nurse Prescribing preparation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a clinical need within the applicant's role to justify prescribing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant have the commitment of their employer to enable access to a prescribing budget and make other necessary arrangements for prescribing on qualification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant have a prescriber willing to supervise and assess the applicant for the 10-day (65 hours) of learning in practice period? • Practice Assessor (see eligibility criteria in section 3a and 3b) <i>and</i> • Practice Supervisor (see eligibility criteria in section 3c)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant have the competence, experience and academic ability to study at the level required to undertake the community practitioner nurse prescribing programme?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant have evidence of the ability to study at degree/master's level? What is the applicant's highest level of academic attainment? Please tick below: <input type="checkbox"/> Degree <input type="checkbox"/> Postgraduate Certificate <input type="checkbox"/> Postgraduate Diploma <input type="checkbox"/> MA/MSc <input type="checkbox"/> Other (please specify) Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant have appropriate numeracy skills to undertake drug calculations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant demonstrate the necessary competencies to work in partnership with service users to reach shared decisions in the design and evaluation of care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant have up to date clinical, pharmacological and pharmaceutical knowledge relevant to the scope of practice of a Community Practitioner Nurse Prescriber?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the applicant capable of safe and effective practice (at a level of proficiency appropriate to the programme) in clinical/health assessment, diagnostics/care management, planning and evaluation of care?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**As the applicant's Line Manager, I confirm the above.**

**Signed (line manager):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Section 2b: confirmation of applicant's suitability to prescribe release from practice (to be completed by line manager)**

**Line Manager confirmation of good health and character to enable safe and effective practice:**

- the applicant's line manager must confirm that the applicant is of good health and character to enable safe and effective prescribing practice. The applicant must be in good standing with their professional regulatory body and must not be under investigation for practice-related issues.

**Line Manager agreement for release from practice for the applicant to undertake course theory and clinical practice:**

- this period of training may lead to a recordable qualification with the NMC so contact day attendance and recorded achievement of all theory and practice hours are mandatory irrespective of the mode of programme delivery. Students will be unable to record their qualification until all learning hours and assessments are achieved and there is a time limit in which they must do this.
- Universities operate a blended learning approach to the programme whereby the 10 contact days are split between university attendance and distance learning. This approach improves the flexibility of release time required, but this *does not reduce* the total mandatory time needed for study by the student.

**Applicant name:** Click or tap here to enter text.

- If the employer is not able to agree to full release support totalling a minimum of 10 theory days and 65 hours (10 days equivalent) period of learning, supervision and assessment in clinical practice, an agreement with the applicant must be in place to identify the commitment of the employer and of the learner for completion of the course.

As the applicant's line manager, I confirm that the applicant has received an **appraisal of their suitability to prescribe** and is of **good health and character** to enable safe and effective practice. The applicant is in good standing with their professional regulatory body, does not have conditions relating to their practice, and is not under investigation for practice-related issues.

I confirm that **an agreement is in place** to enable the applicant to complete 10 theory days equivalent and 65 hours (10 days equivalent) period of learning, supervision and assessment in clinical practice and that the applicant **will have a prescribing role** on successful completion of the programme and annotation on the NMC register.

**Name** Click or tap here to enter text.

**Job title** Click or tap here to enter text.

**Organisation** Click or tap here to enter text.

**Email address** Click or tap here to enter text.

**Signed** (line manager): \_\_\_\_\_ **Date:** \_\_\_\_\_

## Section 2c: Disclosure and Barring Service (DBS) check (the relevant declaration must be completed on all applications)

### Employed applicants (to be completed by line manager/employer)

Employers must undertake an appraisal of a registrant's suitability to prescribe before they apply for a training place. Employers must also have the necessary clinical governance infrastructure in place (including the relevant DBS check) to enable the registrant to prescribe once they are qualified to do so.

Therefore, all applicants are required to provide evidence to the University of an enhanced DBS check obtained by the applicant's employing organisation within three years of the programme start date. Please note, obtaining a DBS check is the responsibility of the employer, and Universities do not undertake DBS checks on employed applicants.

### Line manager declaration

I understand that the University will not undertake a DBS check and that all applicants are required to have an enhanced DBS check **within three years of the programme start date** to the programme.

I can confirm that the applicant has a satisfactory enhanced **DBS** check (or Scottish equivalent) **obtained by their employing organisation** and within the period identified above.

**DBS disclosure number** Click or tap here to enter text. **Issue date:** Click or tap to enter a date.

I can confirm that the applicant has subscribed to the DBS update service.

**Signed** (line manager): \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant name:** Click or tap here to enter text.

**Section 3 (to be completed by the applicant's Practice Assessor and Practice Supervisor)**

By completing section 3, Practice Assessors and Practice Supervisors are confirming that they meet the NMC's [Standards for student supervision and assessment](#).

The Royal Pharmaceutical Society (RPS) has published [A competency framework for designated prescribing practitioners](#), which details the knowledge, skills and behaviours required of the designated practitioner responsible for the trainee prescriber's period of learning in practice. The term *designated prescribing practitioner* is used to cover all of the regulators' titles (Designated Medical Practitioner, Designated Prescribing Practitioner, Practice Supervisor, Practice Assessor and Practice Educator).

Applicants must ensure that the relevant parts of this section are fully completed:

- Part 3a is the details of and eligibility criteria for the Practice Assessor
- Part 3b is the details of the learning environment
- Part 3c is the details and eligibility criteria for the Practice Supervisor

**Section 3a: details of and eligibility criteria for the Practice Assessor (to be completed by the Practice Assessor)**

Name of Practice Assessor:	Click or tap here to enter text.		
Area of practice:	Click or tap here to enter text.		
Title/position:	Click or tap here to enter text.		
Qualifications:	Click or tap here to enter text. Click or tap here to enter text.		
Prescribing qualification	Click or tap here to enter text.	Date of annotation:	Click or tap here to enter text.
NMC Registration no:	Click or tap here to enter text.		
Employing organisation:	Click or tap here to enter text.		
Work address:	Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.		
Postcode:	Click or tap here to enter text.		
Telephone number:	Click or tap here to enter text.		
Work email address:	Click or tap here to enter text.		
I agree to facilitate the 65 hours (10 days equivalent) period of learning, supervision and assessment in clinical practice. I will oversee, support and assess the competence of the applicant's clinical practice with patients in collaboration with academic and workplace partners. I agree to assess their suitability for the award based on their completion of the period of learning in practice and demonstration of the requisite competencies of a Community Practitioner Nurse Prescriber.			
Name (please print):			
<b>Signed (Practice Assessor):</b> _____ <b>Date:</b> _____			

**Applicant name:** Click or tap here to enter text.

**All of the following criteria must be met** (to be completed by the Practice Assessor).

The Practice Assessor must be an NMC-registered practitioner who:	Please tick
Is in good standing with their professional regulatory body, has no conditions relating to their practice and is not under investigation for issues related to professionalism or practice.	<input type="checkbox"/>
Is an active prescriber who normally has at least three years' recent clinical and prescribing experience for a group of patients/clients in the relevant field of practice and attained the professional skills and knowledge to oversee, support and assess prescribers-in-training.	<input type="checkbox"/>
Is able to demonstrate that they meet all competencies within <a href="#">A competency framework for all prescribers</a> .	<input type="checkbox"/>
Has experience or training in teaching and/or supervising in practice.	<input type="checkbox"/>
Normally works with the applicant. (If this is not possible, the applicant must ensure that arrangements are in place for another appropriately qualified and experienced prescriber to take on the role of supporting and supervising the applicant as a prescriber in training. Please note that learning in practice must relate to the clinical area in which the trainee prescriber will ultimately be carrying out their prescribing role).	<input type="checkbox"/>
Is sufficiently impartial to the outcome for the applicant and, wherever possible, should not be the same person sponsoring them to undertake the programme.	<input type="checkbox"/>
Has the support of the employing organisation to act as the Practice Assessor	<input type="checkbox"/>
Is familiar with the requirements of the programme and the need for the applicant to achieve the learning outcomes.	<input type="checkbox"/>
Agrees to retain the primary responsibility for the overall supervision and assessment of the applicant as a prescriber in training while working in collaboration with academic and workplace partners during the applicant's period of learning in practice.	<input type="checkbox"/>
Can ensure there are sufficient opportunities to periodically observe the student in order to inform decisions for assessment and progression	<input type="checkbox"/>
Can ensure there are sufficient opportunities to gather and coordinate feedback from the Practice Supervisor and other relevant people in order to be assured about decisions relating to student assessment and progression.	<input type="checkbox"/>
Agrees to work in partnership with the nominated Academic Assessor to evaluate and recommend the student for progression in line with programme standards.	<input type="checkbox"/>

As the applicant's Practice Assessor, I confirm I meet the above criteria and I am able to demonstrate that I meet all competencies within [A competency framework for designated prescribing practitioners](#).

**Signed (PA):** \_\_\_\_\_ **Date:** \_\_\_\_\_

By signing this form, I agree to my name and email address being shared with the Health and Education Co-operative for the purpose of registration to use the Designated Prescribing Practitioner e-learning resource. I understand that I can access their privacy notice at: [www.hecooperative.co.uk](http://www.hecooperative.co.uk).

You can also self-register to access this resource at <https://healthvle.co.uk/> if you would like to develop your understanding of the roles and responsibilities involved or the regulatory standards for prescribing training.

**Applicant name:** Click or tap here to enter text.

**Section 3b: the learning environment (to be completed by the all Practice Assessors).**

As part of the quality assurance process, all Practice Assessors must confirm the learning environment meets the following requirements.

Standard statement	Please tick
All of our learning environments are with CQC-registered providers.	<input type="checkbox"/>
Our policies and procedures within our learning environment areas reflect health and safety legislation, employment legislation and equality of opportunity.	<input type="checkbox"/>
Our human resources management processes reflect current good practice in relation to recruitment, retention, development of staff and promote equality, inclusivity and diversity.	<input type="checkbox"/>
Our staff understand and manage specific risks to students and risk assessments are carried out in our learning environments.	<input type="checkbox"/>
We ensure that students have access to appropriate clinical equipment, books, journals, educational and IT facilities, including internet access, (where practicable) when they are in our learning environments.	<input type="checkbox"/>
We have mechanisms in place in our learning environments to ensure early recognition of poor student performance and for taking appropriate and prompt action.	<input type="checkbox"/>
Our learning environment supervisors and/or assessors are aware of student's learning outcomes so that they are able to agree with the student an individual learning contract for the period of learning in practice.	<input type="checkbox"/>
We provide students with regular opportunities to discuss their progress towards meeting their learning contract with their practice supervisors and assessors.	<input type="checkbox"/>
We take action on evaluation/feedback information that students give us on the quality of their learning experience during their period of learning in practice.	<input type="checkbox"/>
We provide students with an orientation/induction to each learning environment.	<input type="checkbox"/>
Our learning environments ensure that provision is made for students to reflect in/on practice and link practice explicitly with their theoretical underpinning.	<input type="checkbox"/>
Our learning environments provide varied learning opportunities that enable students to achieve learning outcomes through observing skilled professionals deliver service and care; participating, under supervision, in the delivery of treatment and care; practising in an environment that respects users' rights, privacy and dignity.	<input type="checkbox"/>
Our staff, who act as supervisors and/or assessors of students, demonstrate evidence-based practice, teaching and assessment.	<input type="checkbox"/>
We provide learning opportunities in environments that are appropriate to the level and need of the student and provide opportunities for interprofessional working.	<input type="checkbox"/>
Our approach to assessment is that it is a continuous process with an adequate formative function that helps develop student abilities/intellectual skills and which leads to the judgement of achievement against agreed performance criteria.	<input type="checkbox"/>
We are committed to creating a safe learning culture that encourages participation and open discussion to support learning.	<input type="checkbox"/>
I confirm all the above standards will be met whilst the student undertakes the period of learning and assessment in practice. (If there are any exceptions, please identify these on a separate page.)	
<b>Signed (Practice Assessor):</b> _____ <b>Date:</b> _____	



**Applicant name:** Click or tap here to enter text.

**Section 3c: details of and eligibility criteria for Practice Supervisors (PS) (to be completed by the Practice Supervisor)**

In addition to a Practice Assessor, all NMC-registered applicants must have a Practice Supervisor who meets the criteria below. The Practice Assessor should not also act as the Practice Supervisor for the same student.

Name of Practice Supervisor	Click or tap here to enter text.		
Area of practice:	Click or tap here to enter text.		
Title/position:	Click or tap here to enter text.		
Qualifications:	Click or tap here to enter text. Click or tap here to enter text.		
Prescribing qualification	Click or tap here to enter text.	Date of annotation:	Click or tap here to enter text.
Regulator:	<input type="checkbox"/> NMC	<input type="checkbox"/> HCPC	<input type="checkbox"/> GPhC <input type="checkbox"/> PSNI <input type="checkbox"/> GMC
Registration no:	Click or tap here to enter text.		
Employing organisation:	Click or tap here to enter text.		
Work address:	Click or tap here to enter text. Click or tap here to enter text.		
Post code:	Click or tap here to enter text.		
Telephone number:	Click or tap here to enter text.		
Work email address:	Click or tap here to enter text.		

<b>The Practice Supervisor must be a registered prescriber who:</b>	<b>Please tick</b>
Is an active prescriber who has current clinical and prescribing experience for a group of patients/clients in the area in which they are providing support, supervision and feedback.	<input type="checkbox"/>
Is able to demonstrate that they meet all competencies within <a href="#">A competency framework for all prescribers</a> .	<input type="checkbox"/>
Has an understanding of the proficiencies and programme outcomes they are supporting students to achieve.	<input type="checkbox"/>
Agrees to support and supervise the student, providing feedback on their progress towards, and achievement of, proficiencies and skills for safe and effective practice as an Independent Prescriber.	<input type="checkbox"/>
Agrees to periodically record relevant observations on the conduct, proficiency and achievement of the student, and to share these observations with practice and academic assessors to inform decisions for progression.	<input type="checkbox"/>
Will appropriately raise and respond to student conduct and competence concerns.	<input type="checkbox"/>
<p>As the applicant's Practice Supervisor, I can confirm that I meet the above criteria, I am familiar with <a href="#">A competency framework for designated prescribing practitioners</a> and <b>either:</b></p> <p><input type="checkbox"/> I can already demonstrate these competencies; <b>or</b></p> <p><input type="checkbox"/> I am working towards achieving them.</p>	
<p><b>Signed (PS):</b> _____ <b>Date:</b> _____</p> <p>By signing this form, I agree to my name and email address being shared with the Health and Education Co-operative for the purpose of registration to use the Designated Prescribing Practitioner e-learning resource. I understand that I can access their privacy notice at: <a href="http://www.hecooperative.co.uk">www.hecooperative.co.uk</a>. You can also self-register to access this resource at <a href="https://healthvle.co.uk/">https://healthvle.co.uk/</a> if you would like to develop your understanding of the roles and responsibilities involved or the regulatory standards for prescribing training.</p>	

**Applicant name:** Click or tap here to enter text.

**Section 4** (to be completed by the Non-Medical Prescribing Lead or equivalent)

Where there is no formally appointed Non-Medical Prescribing Lead, the person responsible for the governance of non-medical prescribing in the applicant's organisation and the nominated person for each practice setting to actively support students and address students' concerns must be identified. Self-employed/independent practitioner applicants must identify an appropriate business owner/partner.

**Non-Medical Prescribing Lead/other nominated prescribing governance lead**

Name (please print): Click or tap here to enter text.

Employing organisation: Click or tap here to enter text.

Telephone number: Click or tap here to enter text.

Email address: Click or tap here to enter text.

**Applicants within the Health Education England (North West) region only:**

Non-Medical Prescribing Leads facilitate access to a **numeracy assessment** which must be completed and passed before submitting this application form to the University.

Numeracy assessment passed:  Yes  No Date completed: Click or tap to enter a date.

**All applicants:**

I agree with the above professional undertaking training to become a Community Practitioner Nurse Prescriber.

**Signed** (NMP Lead/equivalent): \_\_\_\_\_ **Date:** \_\_\_\_\_

**Notes for applicants** (please also refer to the notes on page 1)

Applicants are encouraged to retain a copy of the completed application form for future reference.

Please note that submission of an application does not guarantee the offer of a place on a course.

Universities will contact the applicant on receipt of this application. If applicants are uncertain whether their application has been received, they should contact the University using the contact details on the page below.

**University contact details** (Application forms should be returned to one university of choice only)

**University of Bolton**

Gilly Keogh, Programme Lead  
Room T3-22, Eagle Tower  
Deane Road  
Bolton BL3 5AB  
Email: [g.keogh@bolton.ac.uk](mailto:g.keogh@bolton.ac.uk)  
Tel: 01204 903253

[Course details](#) [Privacy notice](#)

**University of Central Lancashire**

Health CPD, Brook Hub  
School of Community Health & Midwifery  
Preston PR1 2HE  
E-mail: [healthcpd@uclan.ac.uk](mailto:healthcpd@uclan.ac.uk)  
Tel: 01772 893839

[Course details](#) [Privacy notice](#)

**University of Chester**

Anne Ashford, Admissions Department  
Riverside Campus  
Castle Drive  
Chester CH1 1SL  
Email: [a.ashford@chester.ac.uk](mailto:a.ashford@chester.ac.uk)  
Tel: 01244 512573

[Course details](#) [Privacy notice](#)

**University of Cumbria**

Postgraduate and CPD Admissions Team  
Bowerham Road  
Lancaster LA1 3JD  
Email: [pgadmissions@cumbria.ac.uk](mailto:pgadmissions@cumbria.ac.uk)  
Tel: 01524 384360

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