



North West Universities NMP Collaboration Application Form for Non-Medical Prescribing (V300, Independent/Supplementary prescribing)

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 14 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"/> Central Lancashire <input type="checkbox"/> Chester <input type="checkbox"/> Cumbria <input type="checkbox"/> Edge Hill <input type="checkbox"/> Huddersfield (PhIF-funded applicants only)	<input type="checkbox"/> Liverpool John Moores <input type="checkbox"/> Liverpool <input type="checkbox"/> Manchester <input type="checkbox"/> Manchester Metropolitan <input type="checkbox"/> Salford
Preferred start date:	Click or tap here to enter text.	
How will the course be funded? *Applicants funded by the Pharmacy Integration Fund (PhIF) must include a statement of support email from their PhIF-funded pathway Education Supervisor to confirm eligibility for a PhIF-funded place.	<input type="checkbox"/> Employer <input type="checkbox"/> Pharmacy Integration Fund* (PhIF, please specify pathway) <ul style="list-style-type: none"> <input type="checkbox"/> Primary care pharmacy education pathway (PCPEP) <input type="checkbox"/> Clinical pharmacists in general practice education (CPGPE) <input type="checkbox"/> Medicine optimisation in care homes (MOCH) <input type="checkbox"/> Integrated Urgent Care (IUC) <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 to enter a date.
National Insurance number:	Click or tap here to enter text.
Regulator: (please tick)	<input type="checkbox"/> Nursing and Midwifery Council (NMC, nurses must have Level 1 registration) <input type="checkbox"/> Health and Care Professions Council (HCPC) <input type="checkbox"/> General Pharmaceutical Council (GPhC) <input type="checkbox"/> Pharmaceutical Society of Northern Ireland (PSNI)
NMC / HCPC / GPhC / PSNI registration number	Click or tap here to enter text.

Applicant name: Click or tap here to enter text.

Job title:	Click or tap here to enter text.
Employer/Trust name (or state if self-employed):	Click or tap here to enter text.
Work address:	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.
Date above role commenced:	Click or tap here to enter text.
Home address:	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.
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

Applicant name: Click or tap here to enter text.

Do you have the required amount of post-registration clinical experience? <ul style="list-style-type: none">• NMC registrants: registered nurse (Level 1), midwife or SCPHN, registered with the NMC for a minimum of one year prior to applying for entry to the programme, normally one years' relevant experience in the clinical field in which it is intended to prescribe• HCPC registrants: eligibility to prescribe, three years' relevant post-qualification experience in the clinical area in which you will be prescribing, working at advanced practitioner or equivalent level• Pharmacists: at least two years' appropriate patient-facing experience post-registration experience in a relevant UK practice setting		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you applying for the course at degree level 6 or at master's level? (To be eligible for master's level study, you are usually required to have a Level 6 degree. Check with the University for details. Pharmacists can only undertake the course at master's level.)		<input type="checkbox"/> Degree level (HE6) <input type="checkbox"/> Master's level (HE7)
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.	

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

Applicants who are seeking prescribing training as part of their employed role*

- My enhanced DBS check has been obtained by my employing organisation
*(*Self-employed and/or independent practitioners are not required to meet this criterion, but must provide the disclosure information below and complete the relevant section in 2c)*

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

Applicant name: Click or tap here to enter text.

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

All applicants must provide a short statement that identifies the area of clinical or therapeutic practice in which they have been working and in which they intend to develop prescribing practice. 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.

Pharmacists must also indicate how they have relevant clinical and therapeutic experience in that intended area of practice, which is suitable to act as the foundation while training.

Self-employed applicants must additionally provide information relating to entry criteria that are usually signed off by an NHS manager and NMP Lead. Please provide the following information:

- at least one professional reference that addresses the points identified in Section 2a of this application document
- if the referee above is not a registrant of the NMC, HCPC, GPhC or PSNI, a clinical reference from a registrant with recent clinical knowledge of your practice and who must provide their professional registration number for confirmation
- details of your anticipated prescribing role on completion of the programme, including condition(s) for which you intend to prescribe
- the clinical governance processes that will be employed to support the safety of your prescribing
- budgetary arrangements for your prescribing, eg, using an NHS prescriber code or private prescription.

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/employer. Applicants applying as a self-employed and/or independent practitioner should complete this section themselves). **All parts MUST be completed.**

Section 2a: suitability of the applicant to prescribe

Is the applicant a regulated health care professional eligible to undertake NMP preparation? (Nurses must be Level 1 registered nurses)	<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 <input type="checkbox"/> N/A
Does the applicant have a prescriber willing to supervise and assess the applicant for the 12-day (90 hours) of learning in practice period? <ul style="list-style-type: none"> • NMC registrants: a Practice Assessor and Practice Supervisor (see sections 3a, 3b and 3c) • HCPC registrants: a Practice Educator (see section 3a and 3b) • Pharmacists: a Designated Prescribing Practitioner (see sections 3a and 3b) 	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant have relevant post-registration clinical experience or part-time equivalent? <ul style="list-style-type: none"> • NMC registrants: registered nurse (Level 1), midwife or SCPHN, registered with the NMC for a minimum of one year prior to applying for entry to the programme, normally one years' relevant experience in the clinical field in which it is intended to prescribe • HCPC registrants: eligibility to prescribe, three years' relevant post-qualification experience in the clinical area in which s/he will be prescribing, working at advanced practitioner or equivalent level • Pharmacists: at least two years' appropriate patient-orientated experience post-registration, in a relevant UK practice setting 	<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
Has the applicant an identified area of clinical or therapeutic practice in which to develop their independent/supplementary prescribing practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant up to date clinical, pharmacological and pharmaceutical knowledge relevant to their intended area of practice and appropriate for the development of their prescribing practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For nurse, midwife and allied health professional applicants only: is the applicant capable of safe and effective practice at a level of proficiency appropriate to the programme to be undertaken and their intended area of practice in clinical/health assessment, diagnostics/care management, planning and evaluation of care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pharmacists only: does the pharmacist have relevant clinical and therapeutic experience in that area, which is suitable to act as the foundation of their prescribing practice while training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
As the applicant's Line Manager (delete if self-employed), I confirm the above:	
Signed (line manager): _____ Date: _____	

Applicant name: Click or tap here to enter text.

Section 2b: confirmation of

1. **applicant's suitability to prescribe** and
2. **release from practice** for completion of the course (26 theory days and 90 hours (12 days' equivalent) period of learning, supervision and assessment in clinical practice).
(to be completed by line manager/employer)

Applicants seeking prescribing training as self-employed and/or independent practitioners must complete and sign the declaration below and require at least one reference from an appropriate registered professional with recent clinical knowledge of the applicant (some HEIs may require two references) to confirm that the applicant is of good health and character to enable safe and effective practice as a prescriber.

1. **Line Manager / Employer 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.

2. **Line Manager / Employer 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 a professional regulatory body 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 26 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.
- If the employer is not able to agree to full release support totalling a minimum of 26 theory days and 90 hours (12 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 26 theory days equivalent and 90 hours (12 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 to their professional register.

Name (please print) 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:** _____

Applicant name: Click or tap here to enter text.

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 certificate number [Click or tap here to enter text.](#) **Issue date of DBS disclosure** [Click or tap to enter a date.](#)

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

Signed (line manager): _____ **Date:** _____

Self-employed and/or independent practitioner applicant declarations (to be completed by the applicant)

Universities will also require **applicants applying as self-employed/independent practitioners** to provide evidence of a satisfactory enhanced DBS check, obtained **within three years of the programme start date**. The applicant has responsibility for applying for the enhanced DBS check and for payment of this. Some Universities may be able to facilitate application for DBS at the applicant's own cost.

I can confirm that I have an enhanced **DBS** check (or Scottish equivalent) **obtained within three years of the programme start date** and I will submit a copy of the disclosure certificate as part of the application process if required by the University.

Signed (applicant): _____ **Date:** _____

Applicant name: Click or tap here to enter text.

Section 3 (to be completed by the applicant's supervisor and assessor of practice)

By completing section 3, practice-based supervisors and assessors of practice are confirming that they meet the regulatory standards associated with the *applicant's* regulator, ie:

- NMC [Standards for student supervision and assessment](#)
- HCPC [Standards for prescribing](#)
- GPhC [Standards for the education and training of pharmacist independent prescribers](#).

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 all relevant parts of this section are fully completed:

- NMC-registered applicants: parts 3a and 3b must be completed by the applicant's Practice Assessor and part 3c by the applicant's Practice Supervisor
- HCPC and GPhC/PSNI-registered applicants: parts 3a and 3b must be completed by the applicant's Practice Educator or Designated Prescribing Practitioner

Section 3a: details of and eligibility criteria for

- **the Practice Assessor (PA)** (for NMC-registered applicants) *or*
- **the Practice Educator (PE)** (for HCPC-registered applicants) *or*
- **the Designated Prescribing Practitioner (DPP)** (for GPhC/PSNI-registered applicants).

(to be completed by the Practice Assessor, Practice Educator or Designated Prescribing Practitioner)

Name of PA/PE/DPP:	Click or tap here to enter text.		
Clinical 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 number:	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.		
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 90 hours (12 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 an Independent/Supplementary prescriber.

Signed (PA/PE/DPP): _____ **Date:** _____

Applicant name: Click or tap here to enter text.

All of the following criteria must be met (to be completed by the Practice Assessor, Practice Educator or Designated Prescribing Practitioner).

The Practice Assessor/Practice Educator/Designated Prescribing Practitioner must be a registered independent prescribing practitioner who:	Please tick
Is a GP, specialist registrar, clinical assistant or a consultant who is usually on the relevant GMC specialist register working in a clinically active and relevant setting Or is a non-medical prescriber, registered with a UK regulatory body, and who holds an independent or equivalent prescribing annotation.	<input type="checkbox"/>
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 competency framework for all prescribers .	<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 (eg, community pharmacy), 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. 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 or GP practice to act as the Practice Assessor, Practice Educator or Designated Prescribing Practitioner.	<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"/>
As the applicant's Practice Assessor/Practice Educator/Designated Prescribing Practitioner, 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/PE/DPP): _____ 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 <i>Designated Prescribing Practitioner preparation</i> e-learning resource. I understand that I can access their privacy notice at: 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.	

**Practice assessors and DPPs must also complete one of the declarations on the following page.
Practice Educators, move straight to section 3b.**

Applicant name: Click or tap here to enter text.

Additional eligibility criteria for Practice Assessors (NMC-registered applicants only)	
I can ensure there are sufficient opportunities to periodically observe the student in order to inform decisions for assessment and progression	<input type="checkbox"/>
I 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"/>
I agree 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.	
Signed (PA): _____ Date: _____	

Additional eligibility criteria for DPPs (GPhC-registered applicants only)	
I have active prescribing competence applicable to the areas in which I will be supervising.	<input type="checkbox"/>
I have appropriate patient-facing clinical and diagnostic skills.	<input type="checkbox"/>
I have supported or supervised other healthcare professionals.	<input type="checkbox"/>
I have the ability to assess patient-facing clinical and diagnostic skills.	<input type="checkbox"/>
Please provide details: Click or tap here to enter text.	
As the applicant's Designated Prescribing Practitioner, I confirm I meet the above criteria.	
Signed (DPP): _____ Date: _____	

Now, please complete section 3b.

Applicant name: Click or tap here to enter text.

Section 3b: the learning environment (to be completed by **all** Practice Assessors, Practice Educators or Designated Prescribing Practitioners).

As part of the quality assurance process, all Practice Assessors, Practice Educators or Designated Prescribing Practitioners 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.)	
Signed (PA/PE/DPP): _____ Date: _____	

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 for NMC-registered applicants only)

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.

Practice Supervisor name:	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.		
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. 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.		

The Practice Supervisor must be a registered prescriber who:	Please tick
Is an active prescriber with 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 in the A competency framework for all prescribers .	<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, provide 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 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"/>
As the applicant's Practice Supervisor, I can confirm that I meet the above criteria, I am familiar with A competency framework for designated prescribing practitioners and either : <input type="checkbox"/> I can already demonstrate these competencies; or <input type="checkbox"/> I am working towards achieving them.	
Signed (PS): _____ 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 .	
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 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 here to enter text.

All applicants:

I agree with the above professional undertaking training to become an Independent/Supplementary 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
 Tel: 01204 903253
 Level 6 and Level 7 www.bolton.ac.uk
[Privacy notice](#)

University of Central Lancashire

Health CPD, Brook Hub
 School of Community Health & Midwifery
 Preston PR1 2HE
 E-mail: healthcpd@uclan.ac.uk
 Tel: 01772 893839
 Level 6 and Level 7 www.uclan.ac.uk
[Privacy notice](#)

University of Chester

Anne Ashford, Admissions Department
 Riverside Campus
 Castle Drive
 Chester CH1 1SL
 Email: a.ashford@chester.ac.uk
 Tel: 01244 512573
 Level 6 and Level 7 www1.chester.ac.uk
[Privacy notice](#)

University of Cumbria

Postgraduate and CPD Admissions Team
 Bowerham Road
 Lancaster LA1 3JD
 Email: pgadmissions@cumbria.ac.uk
 Tel: 01524 384360
 Level 6 and Level 7: <https://tinyurl.com/ggl57sr0>
[Privacy notice](#)

Edge Hill University

CPD Admissions, Faculty of Health, Social Care and
 Medicine
 Ormskirk Campus, St Helens Road
 Ormskirk L39 4QP
 Email: cpdenquiries@edgehill.ac.uk
 Tel: 01695 657249
 Level 6 - <https://tinyurl.com/utth364>
 Level 7 - <https://tinyurl.com/vynm5hj>
[Privacy notice](#)

University of Huddersfield (PhIF only)

Adam Yates
 Queensgate
 Huddersfield HD1 3DH
 E-mail: a.yates@hud.ac.uk
 Tel: 01484 473867
 Level 7 www.hud.ac.uk
[Privacy notice](#)

University of Liverpool

Teri Harding
 School of Health Sciences, Whelan Building
 The Quadrangle, Brownlow Hill
 Liverpool L69 3GB
 Email: cpdshs@liverpool.ac.uk
 Level 7 <https://tinyurl.com/wgmjkt4>
[Privacy notice](#)

Liverpool John Moores University

Sharon Gibson, Admissions and Information Officer
 Faculty of Education, Health and Community
 Tithebarn Building, 79 Tithebarn Street
 Liverpool L2 2ER
 Email: S.Gibson@ljmu.ac.uk
 Tel: 0151 231 5844
 Level 7 www.ljmu.ac.uk
[Privacy notice](#)

The University of Manchester

Postgraduate Admissions Officer
 G.129 Stopford Building, Oxford Road
 Manchester M13 9PL
 Email: pgtaught.pharmacy@manchester.ac.uk
 Tel: 0161 270 1798
 Level 7 <https://tinyurl.com/uomip>
[Privacy notice](#)

Manchester Metropolitan University

Direct Admissions Team
 Recruitment & Admissions
 3rd Floor, 6 Great Marlborough Street
 Manchester M1 5AL
 Email: direct@mmu.ac.uk
 Tel: 0161 247 2966
 Level 6 and Level 7 <https://tinyurl.com/tgmf77m>
[Privacy notice](#)

University of Salford

Administration
 School of Midwifery, Nursing, Social Sciences and Social
 Work
 Fredrick Road
 Salford M6 6PU
 Email: healthsociety-nonmedicalprescribing@salford.ac.uk
 Level 6 and Level 7 www.salford.ac.uk
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