

### 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 your 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.

**You must complete all sections fully and accurately before submission to avoid delays in starting the course. However, submission of an application does not guarantee the offer of a place on a course or your preferred cohort.**

Universities may require applicants to meet additional entry criteria and details are available from the University. Universities will contact the applicant on receipt of this application. If applicants are uncertain whether their application has been received, they should contact the relevant University admissions team. You can find links to course webpages, privacy notices and contact details here:

[www.hecooperative.co.uk/nmp-area/nmp-courses-uk/2](http://www.hecooperative.co.uk/nmp-area/nmp-courses-uk/2)

You may be required to meet your employing organisation's criteria before submitting an application. This may include submitting a completed application form several months before the course start date. Please contact your organisation's Non-Medical Prescribing Lead as early as possible in the process.

Please retain a copy of your completed application form for future reference.

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

Chosen university:	<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"/> 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? (The applicant is responsible for ensuring they have funding in place.)	<input type="checkbox"/> Employer <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.
Home address:	Click or tap here to enter text.
Postcode:	Click or tap here to enter text.
Home email address:	Click or tap here to enter text.
Phone number:	Click or tap here to enter text.
National Insurance number (HCPC registrants only):	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.
Start date of the above role:	Click or tap to enter a date.
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 not living in the UK, will you have been living in the EU for three years by 1 September of the year the course begins?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Professional and academic qualifications

Provide details of your qualifications that led to professional registration. Please check with your chosen University whether transcripts/certificates must be submitted as part of your application.

Date obtained	Qualification/s leading to professional registration	Academic level (ie, degree, diploma, master's)	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.

Please also provide details of other postgraduate and CPD courses (most recent first). GCSEs/A-Levels are not required.

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.

**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"><li>• 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, usually one year's relevant experience in the clinical field in which it is intended to prescribe</li><li>• HCPC registrants: eligibility to prescribe, three years of relevant post-qualification experience, usually one year's relevant experience in the clinical field in which it is intended to prescribe and working at advanced practitioner or equivalent level</li><li>• Pharmacists: GPhC/PSNI-registered and working in a patient-facing role in a relevant UK practice setting</li></ul>		<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.	<a href="#">Click or tap here to enter text.</a>	

### 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. As part of your application, you and your employer must confirm that you have had a satisfactory enhanced criminal convictions check (from the Disclosure and Barring Service (DBS) in England/Wales) or an AccessNI check (in Northern Ireland) within the last three years. Applicants from Scotland must be current members of the Protection of Vulnerable Groups (PVG) scheme. If you are an independent practitioner, you must apply for and supply an enhanced DBS disclosure; check with your chosen University for their policy on this. 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 Northern Ireland/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 (or equivalent) 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 clinical/therapeutic practice area in which they have been working and intend to develop prescribing practice. They must demonstrate how they have worked in partnership with service users to reach shared decisions in the design and evaluation of care. And they 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 have relevant experience in a UK pharmacy setting and be able to recognise, understand and articulate the skills and attributes required by a prescriber to act as the foundation of their prescribing practice whilst training.

**Paramedics** must explain how they meet the NHS England requirement to demonstrate that they are working at an advanced practitioner or equivalent level.

**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 self-employed and/or independent practitioners should complete this section themselves). **All parts MUST be completed.**

**Section 2a: suitability of the applicant to prescribe**

Is the applicant a regulated healthcare professional eligible to undertake prescribing preparation? (please refer to the criteria at the top of page 3)	<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 suitable supervision arrangement to complete 90 hours of learning in practice? <ul style="list-style-type: none"><li>NMC registrants: a Practice Assessor and Practice Supervisor (see sections 3a, 3b and 3c)</li><li>HCPC registrants: a Practice Educator (see sections 3a and 3b)</li><li>Pharmacists: a Designated Prescribing Practitioner (see sections 3a and 3b)</li></ul>	<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"><li>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 year's relevant experience in the clinical field in which it is intended to prescribe</li><li>HCPC registrants: eligibility to prescribe, three years of relevant post-qualification experience in the clinical area in which s/he will be prescribing, working at advanced practitioner or equivalent level</li><li>Pharmacists: relevant experience in a UK pharmacy setting and be able to recognise, understand and articulate the skills and attributes required by a prescriber to act as the foundation of their prescribing practice whilst training.</li></ul>	<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) <a href="#">Click or tap here to enter text.</a>	<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
Does the applicant have 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
<b>Nurse, midwife and allied health professional applicants only:</b> is the applicant capable of safe, effective practice at a level of proficiency appropriate to the prescribing programme 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
<b>Paramedics only:</b> is the applicant working at an advanced practitioner or equivalent level?	<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:** \_\_\_\_\_

## Section 2b: confirmation of

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

Applicants seeking prescribing training as self-employed or independent practitioners must complete and sign the declaration below. They must also provide 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 the applicant's 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 cannot 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 days of structured learning activities are split between university attendance and distance learning. This approach improves the flexibility of the 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 of learning, supervision and assessment in clinical practice, an agreement between the applicant and their employer must be in place to assure adequate support for course completion.

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 of learning, supervision and assessment in clinical practice and that the applicant **will have a prescribing role** on the successful completion of the programme and annotation of professional registration.

**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 must have an enhanced DBS check within three years of the programme start date.**

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

**DBS disclosure 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 equivalent in my home nation) **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	<a href="#">Click or tap here to enter text.</a>		
Clinical area of practice	<a href="#">Click or tap here to enter text.</a>		
Title/position	<a href="#">Click or tap here to enter text.</a>		
Professional qualifications	<a href="#">Click or tap here to enter text.</a> <a href="#">Click or tap here to enter text.</a>		
Prescribing qualification*	<a href="#">Click or tap here to enter text.</a>	Date of annotation*	<a href="#">Click or tap to enter a date.</a>
Regulator	<input type="checkbox"/> GMC <input type="checkbox"/> NMC <input type="checkbox"/> HCPC <input type="checkbox"/> GPhC <input type="checkbox"/> PSNI		
Registration number	<a href="#">Click or tap here to enter text.</a>		
Employing organisation	<a href="#">Click or tap here to enter text.</a>		
Work address	<a href="#">Click or tap here to enter text.</a> <a href="#">Click or tap here to enter text.</a>		
Postcode	<a href="#">Click or tap here to enter text.</a>		
Telephone number	<a href="#">Click or tap here to enter text.</a>		
Work email address	<a href="#">Click or tap here to enter text.</a>		

I agree to facilitate the 90 hours 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:** \_\_\_\_\_

\*non-medical prescribers only



**Applicant name:** [Click or tap here to enter text.](#)

<b>All of the following criteria must be met</b> (to be completed by the Practice Assessor, Practice Educator or Designated Prescribing Practitioner).	
<b>The Practice Assessor/Practice Educator/Designated Prescribing Practitioner must be a registered independent prescribing practitioner who:</b>	<b>Please tick</b>
Is a GP, specialist registrar, clinical assistant or consultant who is usually on the relevant GMC specialist register working in a clinically active and relevant setting <b>Or</b> 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 of 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 (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 href="#">A competency framework for designated prescribing practitioners</a> .	
<b>Signed (PA/PE/DPP):</b> _____ <b>Date:</b> _____	
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: <a href="http://www.hecooperative.co.uk/privacy-policy">www.hecooperative.co.uk/privacy-policy</a> .	
You can also self-register to access this resource at <a href="http://www.hecooperative.co.uk/product-and-resource-information/dpp">www.hecooperative.co.uk/product-and-resource-information/dpp</a> 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 the relevant declaration on the following page.**  
**Practice Educators move straight to section 3b.**

**Applicant name:** [Click or tap here to enter text.](#)

<b>Additional eligibility criteria for Practice Assessors (NMC-registered applicants only)</b>	
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.	
<b>Signed (PA):</b> _____ <b>Date:</b> _____	

<b>Additional eligibility criteria for DPPs (GPhC-registered applicants only)</b>	
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: <a href="#">Click or tap here to enter text.</a>	
As the applicant's Designated Prescribing Practitioner, I confirm I meet the above criteria.	
<b>Signed (DPP):</b> _____ <b>Date:</b> _____	

**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 (or equivalent) with no conditions or recommendations relating to medicines management, prescribing or support for learners.	<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 practices in relation to recruitment, retention and 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 students' learning outcomes so that they are able to agree with the student on 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 needs 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 (PA/PE/DPP):</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 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:	<a href="#">Click or tap here to enter text.</a>		
Area of practice:	<a href="#">Click or tap here to enter text.</a>		
Title/position:	<a href="#">Click or tap here to enter text.</a>		
Professional qualifications:	<a href="#">Click or tap here to enter text.</a>		
Prescribing qualification	<a href="#">Click or tap here to enter text.</a>	Date of annotation:	<a href="#">Click or tap to enter a date.</a>
Regulator:	<input type="checkbox"/> NMC <input type="checkbox"/> HCPC <input type="checkbox"/> GPhC <input type="checkbox"/> PSNI <input type="checkbox"/> GMC		
Registration no:	<a href="#">Click or tap here to enter text.</a>		
Employing organisation:	<a href="#">Click or tap here to enter text.</a>		
Work address:	<a href="#">Click or tap here to enter text.</a> <a href="#">Click or tap here to enter text.</a> <a href="#">Click or tap here to enter text.</a>		
Postcode:	<a href="#">Click or tap here to enter text.</a>		
Telephone number:	<a href="#">Click or tap here to enter text.</a>		
Work email address:	<a href="#">Click or tap here to enter text.</a>		

The Practice Supervisor must be a registered prescriber who:	Please tick
Has been an active prescriber for at least 12 months and 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 in the <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, and 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 href="#">A competency framework for designated prescribing practitioners</a> and <b>either</b> : <input type="checkbox"/> I can already demonstrate these competencies; <b>or</b> <input type="checkbox"/> I am working towards achieving them.	
<b>Signed (PS):</b> _____ <b>Date:</b> _____	
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/privacy-policy">www.hecooperative.co.uk/privacy-policy</a> .	
You can also self-register to access this resource at <a href="http://www.hecooperative.co.uk/product-and-resource-information/dpp">www.hecooperative.co.uk/product-and-resource-information/dpp</a> 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 4a** (to be completed by the Non-Medical Prescribing (NMP) Lead or equivalent)

Where there is no formally appointed NMP Lead, the person responsible for the governance of non-medical prescribing in the applicant's organisation must sign this section. This person must also identify the nominated person for each practice setting who will actively support the student and address their concerns.

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

Name (please print):	<a href="#">Click or tap here to enter text.</a>
Role/title:	<a href="#">Click or tap here to enter text.</a>
Employing organisation:	<a href="#">Click or tap here to enter text.</a>
Telephone number:	<a href="#">Click or tap here to enter text.</a>
Email address:	<a href="#">Click or tap here to enter text.</a>

**All applicants:**

I agree with the above professional undertaking training to become an Independent/Supplementary prescriber.

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

**Section 4b** (to be completed by the governance lead for the proposed learning environment)

Where the applicant proposes to undertake their period of learning in practice in an organisation other than the one in which they are employed, this section must be completed by the person responsible for prescribing governance in that organisation.

**Governance lead for the proposed learning environment**

Name (please print):	<a href="#">Click or tap here to enter text.</a>
Role/title:	<a href="#">Click or tap here to enter text.</a>
Employing organisation:	<a href="#">Click or tap here to enter text.</a>
Telephone number:	<a href="#">Click or tap here to enter text.</a>
Email address:	<a href="#">Click or tap here to enter text.</a>

I confirm that the applicant has been approved to undertake supervised practice in this organisation, that they will be supervised at all times and will be indemnified to complete their period of learning, supervision and assessment in clinical practice

**Signed** (Governance lead): \_\_\_\_\_ **Date:** \_\_\_\_\_

**Section 4c** (to be completed by the NMP Lead for NHS applicants within the HEE (North West) region only):

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

Numeracy assessment passed: ☐ Yes ☐ No Date completed: [Click or tap to enter a date.](#)

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