

## CHANGE OF TUTOR/TRAINING DETAILS

<b>Trainee Name:</b>	
<b>Name of CURRENT Tutor:</b>	
<b>Registration No:</b>	
<b>Address of premises where tutor has undertaken supervision</b>	
<b>Name of NEW tutor:</b>	
<b>Registration No:</b>	
<b>Reason for change:</b>	
<b>Address of premises where tutor will undertake supervision*:</b>	

**The Pharmaceutical Society NI will check tutor accreditation.**

\* [Approval of Pharmacy Premises as a Training Establishment](#) form **must also be completed** if moving to different premise within same company and premises are not approved.

### TUTOR DECLARATION

I confirm that I have agreed to be the tutor for the above named trainee in the above named premises

**For the dates:**

**Starting:**  dd/mm/yy      **Ending:**  dd/mm/yy

- 1) I agree to observe the Pharmaceutical Society's requirements and conditions for pre-registration tutors as described in the current Standards for Pre-registration Training.
- 2) I confirm that I meet the Pharmaceutical Society's requirements for tutors.
- 3) I confirm that I am not currently the subject of any fitness to practise proceedings.

EITHER (community placements)

- 4) I can confirm that I am working in the above named premises a minimum of 30 hours over at least 4 days per week. If absent for any reason, I will ensure there is effective continuity and quality of training.

OR (hospital placements)

- 5) I confirm that I am working in the above named premises a minimum of 30 hours over at least 4 days per week. I will undertake to meet the above named trainee at least once a month.
- 6) I confirm that I will inform the pre-registration lead if any of the above change during the dates indicated.

<b>Signed:</b>	
<b>Printed name:</b>	
<b>Date</b>	

## LEARNING CONTRACT

This form is an agreement between the pre-registration tutor and trainee. It clarifies what is expected during pre-registration training. It should be discussed and signed by both parties and is part of your application to enter pre-registration training. You should both keep a copy of this contract. A learning contract is not a contract of employment, but an agreement by both parties to commit to the providing and receiving of training.

### Part One – Tutor's undertaking

I,  (insert your name) make the following commitments to you,

(insert trainee's name) for the duration of your preregistration

training with me.

### I will

- Provide and arrange training that will enable you to develop all the skills, attitudes and knowledge defined by the Performance Standards
- Work with you to identify your individual learning needs
- Will follow Pharmaceutical Society NI pre-registration scheme requirements, as explained in the standards for pre-registration training and in the tutor manual
- Treat you in a manner that is conducive to your learning. This will include:
  - Giving you the opportunity to contribute and put forward your views
  - Providing you with appropriate time to study and reflect on your learning (by mutual agreement)
  - Being approachable and providing help when asked or referring you to a more appropriate source of help
  - Setting targets for you through a process of negotiation with you
  - Explaining and repeating explanations as necessary
  - Challenging and questioning you to check your understanding
  - Encouraging and supporting you when you find situations challenging
  - Adapting plans as appropriate
- Enable you to have access to off-job study days and training events, as appropriate
- Inform, support and confer with others involved in your training
- Set aside time to review your progress regularly, both informally and formally
- Provide you with constructive and honest feedback to aid your development
- Provide feedback on your progress to the Pharmaceutical Society NI at the set times and in the required manner
- Assess you objectively in all the Performance Standards specified by the Pharmaceutical Society NI based on a range of evidence which you provide to me and taking account of feedback from other people involved in your training
- Identify and address my own learning needs in relation to being a tutor
- Welcome feedback from you to help me develop my tutoring skills
- Lead by example

SIGNATURE OF TUTOR:

DATE:

SIGNATURE OF TRAINEE:

DATE:

(Trainee undertaking overleaf)

## LEARNING CONTRACT (Continued)

### Part Two – Trainee's undertaking

I,  (insert your name) make the following commitments for the duration of my pre-registration training while being tutored by  (insert tutor's name).

#### I will

- Adhere to the rules and regulations of the Pharmaceutical Society NI and the organisation I am working for
- Acquaint myself with the learning outcomes required by the Pharmaceutical Society NI to register i.e. the Performance Standards and the registration Examination Syllabus
- Take responsibility for my own learning and development by:
  - Participating fully in the development of my learning plans
  - Being pro-active in seeking learning opportunities, in work activities or whilst at training events or study days
  - Using a pro-active approach to solve problems and seek answers, using all resources available
  - Developing a portfolio of evidence for all the Performance Standards
  - Reflecting on my learning and experience
  - Identifying my further learning needs and developing targets for myself
  - Using the time you or other trainers spend with me to best advantage
  - Keeping to agreed deadlines
- Respect and be prepared to learn from colleagues at all levels
- Be a reliable and trustworthy member of your pharmacy team
- Endeavour to contribute to the overall goals and work targets of the pharmacy team
- Be honest in my interactions with you and other colleagues
- Receive feedback and use it to help me to develop further
- Provide constructive feedback to you, where this may help you to develop your skills as a tutor

SIGNATURE OF TRAINEE:

DATE:

SIGNATURE OF TUTOR:

DATE:

### SUBMISSION OF FORM

**All forms must be received by the Pharmaceutical Society NI in advance of the proposed change.**

Please send a scanned copy of the completed form by email to [pre-registration@psni.org.uk](mailto:pre-registration@psni.org.uk).

Alternatively you can post it to:

Pre-registration Department  
Pharmaceutical Society NI  
73 University Street  
Belfast  
BT7 1HL