

Application to Register as a Pre-registration Trainee of the Pharmaceutical Society NI 2019-2020

The closing date for applications is 31st March 2019

Post your form via a traceable method to:

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

*****Before you send your application you should make a copy for your records*****

Contact us

Email: pre-registration@psni.org.uk

Phone: 028 90326927

Please note that an applicant should NOT start training until they have written confirmation from the Pharmaceutical Society that their application has been accepted.

HOW TO COMPLETE THIS APPLICATION FORM - PLEASE READ CAREFULLY

ALL FORMS MUST BE FULLY AND CORRECTLY COMPLETED IN ORDER FOR AN APPLICATION TO BE ACCEPTED. INCOMPLETE AND INCORRECT FORMS WILL BE RETURNED TO THE APPLICANT.

An applicant should NOT start training until they have written confirmation from the Pharmaceutical Society that their application has been accepted.

Post your completed form via a traceable method to:

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

Section A – Before Applying for Pre-registration Training

All applicants must hold a degree in pharmacy, from a UK-based University recognised by the Pharmaceutical Society NI or the General Pharmaceutical Council. The Pharmaceutical Society NI must have written evidence that you have been awarded a degree from a recognised University before any period of pre-registration training can commence. Not all universities provide this information to the Pharmaceutical Society NI unless YOU request it (only QUB and UU provide confirmation). It is YOUR RESPONSIBILITY to ensure that we have this written evidence before you begin your training; otherwise we will be unable to recognise your start date.

Information for International students can be found on our website using the following link:

<http://www.pсни.org.uk/pre-registration/applying-to-register-as-trainee-of-the-society/>

1. Submitting my application?

Submit your application as soon as you can to ensure there are no delays.

The closing date for applications is **31st March 2019**; applications will **not** be accepted after this date.

If you have failed your MPharm/OSPAP and will be re-sitting please note that your application should be submitted by the deadline (31st March 2019).

2. How can I pay?

Payment can be made by cheque or debit card. Cheques should be made payable 'The Pharmaceutical Society NI'. A debit card payment form can be found at the end of the application.

3. When can I start pre-registration training?

Pre-registration training may only commence between **1 July 2019** and **16 September 2019**.

Note for information: In order to be eligible to sit the June Registration Examination trainees must have an official start date on or before 1st August 2019

4. Birth certificate?

The Pharmaceutical Society NI requires a solicitor's certified photocopy of your original birth certificate.

5. I have not yet passed my MPharm/OSPAP?

You **can apply** to start training before you know if you have passed your MPharm/OSPAP.

You **cannot start** training until you have passed your MPharm/OSPAP and the Pharmaceutical Society NI has been notified.

6. *I have failed my MPharm/OSPAP and will be re-sitting?*

You cannot start training until you have passed your MPharm/OSPAP, therefore you will have to delay your start date. If you have failed you should contact your employer and make them aware and contact us to arrange an alternative start date within the designated period.

7. *Who can certify my degree certificate/OSPAP if already in my possession?*

Information on who can certify your degree certificate and the requirements can be found via this [link](#):

8. *What are the training requirements/responsibilities of a Pre-registration Tutor?*

The requirements/responsibilities are detailed in the [Standards for Pre-registration Training](#) (Sections 7 & 8)

9. *What do I do if I have been assigned two tutors?*

Co-tutoring is permitted as long as, between the two tutors, the total hours worked meets the full-time requirement (30 hours over a minimum of four days). Both tutors must complete the 'Tutor Details' section and Learning Contract, they will share the responsibility and must co-sign the final declaration. A co-tutoring form must be completed and submitted with the application. The co-tutoring form can be accessed via link below:

[Co-Tutor Form](#)

10. *What do I need to submit if I have made a Fitness to Practise declaration?*

If you have ticked 'Yes' to any of the questions on Page 8 you will need to provide a detailed account of the Fitness to Practise issues on Page 9.

11. *Who can certify my photograph?*

All applicants must provide a recent passport photograph that has been certified on the reverse by an appropriate official.

When accepting certified photographs, we follow the same standards of the UK Passport service. You will find details of who can certify your photo can be found on the Gov.uk website:

[Countersigning photographs](#)

Further information on the photograph requirements can be found on Page 15, please read carefully.

Section B – After Submitting Your Application

1. *How long will it take to process my application?*

We cannot give you a time frame for how long your application will take to process. If any aspect of the training arrangements do not meet our requirements the application form will be returned.

2. *What if my Fitness to Practise circumstances change during the application process or my training year?*

You must notify us if anything occurs that would change the fitness to practise declaration that you made part of the application. This must be done within 7 days. A 'Self Declaration Form' must be completed. To request a form please contact us via email: pre-registration@psni.org.uk.

3. *What if my tutor/site/dates have changed after I have submitted my application?*

If your start date changes prior to commencing training, please ask your employer to email us at pre-registration@psni.org.uk with the details of the change – NB the Pharmaceutical Society will only take instruction from the employer.

If your tutor or training site changes you must follow the notification procedure outlined in the [Pre-registration Training Manual](#) (Page 13).

Please note - in the event that you do not notify us of changes to training arrangements, all training subsequent to the un-notified change, will not be recognised.

4. *When will payment be processed?*

The payment will be taken as soon as your application is received.

5. *What if there is a problem with my payment?*

If there is a problem with your payment we will contact you. You will not be able to commence training until payment has been cleared. If your chosen form of payment fails for reasons outside our control your application form will be returned.

6. *How can I confirm my application has been received?*

The Pharmaceutical Society NI will not confirm receipt of individual applications. We would advise you send your application by a traceable method so you can ensure that it arrives as at the Pharmaceutical Society.

7. *How will I know my application has been successfully processed?*

A confirmation letter will be posted to you shortly after your application has been successfully processed. This letter will provide you with your Pre-registration Training Number and confirm your anticipated start date. Your tutor will also receive a confirmation letter.

If the application has any errors or missing information, it will be returned.

CHECKLIST

It is necessary to submit the following:

- (1) **Application form** – The application form must be with the Pharmaceutical Society NI before 31st March 2019. All parts must be fully completed in order for an application to be accepted.
- (2) **Application fee** – £206.
- (3) **Solicitors certified copy of birth certificate**
- (4) **A recent signed passport photograph** (ref A11 & page 15)
- (5) **A certified copy of your degree certificate/OSPAP if already in your possession** (ref A7).
Please note a certified copy of your degree certificated must be posted to the Pharmaceutical Society within TWO months of commencing training.
- (6) **Passport & Visa** – International students only (this will be returned via Special Delivery)

PERSONAL DETAILS

(PLEASE COMPLETE IN BLOCK CAPITALS)

TITLE

SURNAME

FORENAMES

(as on birth certificate)

KNOWN AS

MAIDEN NAME

(if applicable)

ADDRESS (Home)

TOWN/CITY

COUNTY

POSTCODE

HOME TEL NUMBER

MOBILE NUMBER

EMAIL ADDRESS

DATE OF BIRTH

DETAILS OF DEGREE

UNIVERSITY

(MPharm obtained from)

(OSPAP obtained from, if applicable)

DATE OF ENTRY TO

DEGREE COURSE

(MM/YY)

DATE OF GRADUATION

(May be anticipated date)

(MM/YY)

HAVE YOU EVER UNDERTAKEN ANY PRE-REGISTRATION TRAINING IN GB?

YES

NO

If you answer YES please provide FULL details below:

PRE-REGISTRATION TRAINING PLACEMENT(S)

(PLEASE COMPLETE IN BLOCK CAPITALS)

NAME OF TRAINEE

(Please tick as appropriate)

I am undertaking my training in community/hospital pharmacy for a full twelve months

OR

I am undertaking six months of my training in community pharmacy and six months in hospital pharmacy

NAME AND ADDRESS AT WHICH TRAINING WILL BE UNDERTAKEN

Full twelve months OR first six months (if appropriate)

PREMISES NAME

ADDRESS

TOWN/CITY

POST CODE

TRAINING START DATE

(DD/MM/YY)

NAME OF REGISTERED
TUTOR

TELEPHONE NUMBER
(Premise)

NAME OF CONTACT
(if not employer)

Second six months (if applicable)

PREMISES NAME

ADDRESS

TOWN/CITY

POST CODE

TRAINING START DATE

(DD/MM/YY)

NAME OF REGISTERED
TUTOR

TELEPHONE NUMBER
(Premise)

NAME OF CONTACT
(if not employer)

TRAINEE DECLARATION AND DATA PROTECTION STATEMENT

I declare that:

I wish to become a registered trainee of the Pharmaceutical Society NI.

I will abide by the Pharmaceutical Society's [Code](#) and I understand my obligations as detailed in the supplementary professional standards and guidance. I have read and understood and agree to adhere to the Pharmaceutical Society's [Standards on Pre-registration Training](#).

I know of no reason that would prohibit me from becoming a registered trainee of the Pharmaceutical Society NI.

I note the data protection statement on Page 3 as it applies to relevant information held about me.

SIGNED

DATE

PSNI Data Protection Statement

The Pharmaceutical Society NI (PSNI) is a data controller registered with the Information Commissioner's Office. We will make use of personal data provided to support our work in administering pre-registration training, as the regulatory body for Pharmacists and registered Pharmacies in Northern Ireland and for our work as the professional leadership body for Pharmacists in Northern Ireland. We will process your personal data for purposes including updating the trainee register, administering pre-registration training, registration, processing complaints, monitoring fitness to practise, and compiling statistics.

PSNI will not share your personal data on a commercial basis with any third party. We may, however, share your data with third parties to meet our statutory aims, objectives, powers and responsibilities under the Pharmacy (Northern Ireland) Order 1976, the regulations made under the Order and other legislation. We may pass information to organisations with a legitimate interest including other regulatory and enforcement authorities, Health and Social Care Board, Business Service Organisation, employers and the DoH.

Your data is processed under General Data Protection Regulation (GDPR) Article 6 (c)(d)(e)(f).

Your name, address, date of birth, telephone numbers, email address, employment details are used for the administration of the pre-registration training programme, finance and regulatory processing. These details are held securely in paper and digital form. By completing the pre-registration application process, you agree to PSNI holding and processing these details under the GDPR regulations.

Employment data can also be used to develop regulatory activities and services in relation to the workforce. This information, as a statistic, may be made publicly available.

Your personal details are used by departments dealing with pre-registration training, administration and communication to provide up to date information about pre-registration training, regulatory activities and by the Pharmacy Forum for the purpose of communications in relation to pre-registration training activities. This can be sent by postal mail or email and, under GDPR regulations, are sent under legitimate interests.

Declarations of health or character will be primarily processed by the Registrar and other members of the organisation for regulatory activities.

This information can be used in conjunction with FtP processes and can, where appropriate, be shared with relevant governing bodies. These are stored securely, in paper and digital form, separately from general registration data.

Your financial data is processed by the Business Manager and finance team. All data is securely stored in both paper and digital form and securely destroyed after 7 years in line with GDPR regulations. You are entitled to see the information we hold about you. If you wish to see this information, please send your request in writing to: Data Protection Officer, Pharmaceutical Society NI, 73 University Street, Belfast BT7 1HL, detailing the information you wish to see. We are required to respond within 30 days

EMPLOYER DETAILS – Community Pharmacy Placements

(PLEASE COMPLETE IN BLOCK CAPITALS)

NAME OF TRAINEE

This section of the form must be completed by your prospective employer(s).

EMPLOYER DETAILS – Community Pharmacy Placements

NAME OF EMPLOYER

TRAINING START DATE

(DD/MM/YY)

TRAINING END DATE

(DD/MM/YY)

Please indicate the intended training programme by ticking the relevant box below

All training will be at the pharmacy premises indicated on page 2

Training will be at the pharmacy premises specified with no more than two weeks spent at another branch of my business and in total, no more than six weeks away from the main training site (pro rata for six month placement)

I have obtained prior Council approval for a flexible training programme (attach copies of relevant documentation)

Training will be at two pharmacy premises in two six months placements specified on page 2 (details of both premises and two tutor forms must be completed)

EMPLOYER DECLARATION

This declaration must be completed by a pharmacist who has sufficient authority within the organisation to ensure that all Pharmaceutical Society of NI requirements for pre-registration training will be met.

I confirm that the above named trainee has accepted an offer to undertake pre-registration training with the above name employer in the named premises.

I have read and understood and agree to adhere to the Pharmaceutical Society's [Standards for Pre-registration training](#).

I confirm that a pharmacist meeting the Pharmaceutical Society's requirements for tutors has agreed to act as a tutor for the trainee for the specified period.

I note the data protection statement on Page 3 as it applies to relevant information held about me.

SIGNED

DATE

PRINT
NAME

POSITION IN
ORGANISATION

NAME OF REGISTERED
TUTOR

TUTOR REGISTRATION
NUMBER

EMPLOYER DETAILS – Hospital Pharmacy Placements

(PLEASE COMPLETE IN BLOCK CAPITALS)

NAME OF TRAINEE

This form must be completed by your prospective employer(s) and must accompany your application to the Pharmaceutical Society of NI.

EMPLOYER DETAILS – Hospital Pharmacy Placements

NAME OF EMPLOYER

TRAINING START DATE

(DD/MM/YY)

TRAINING END DATE

(DD/MM/YY)

EMPLOYER DECLARATION

This declaration must be completed by a pharmacist who has sufficient authority within the organisation to ensure that all Pharmaceutical Society NI requirements for pre-registration training will be met.

I confirm that the above named trainee has accepted an offer to undertake pre-registration training with the above name employer in the named premises.

I have read and understood and agree to adhere to the Pharmaceutical Society's [Standards for Pre-registration Training](#).

I confirm that a pharmacist meeting the Pharmaceutical Society's requirements for tutors has agreed to act as a tutor for the trainee for the specified period.

I note the data protection statement on Page 3 as it applies to relevant information held about me.

SIGNED

DATE

PRINT
NAME

POSITION IN
ORGANISATION

NAME OF REGISTERED
TUTOR

TUTOR REGISTRATION
NUMBER

PREMISE ADDRESS

(where training will
take place)

PREMISE POSTCODE

TUTOR DETAILS - FULL TWELVE MONTHS TRAINING OR FIRST SIX MONTHS

(PLEASE COMPLETE IN BLOCK CAPITALS)

NAME OF TRAINEE

This form must be completed by your tutor* and must accompany your application to the Pharmaceutical Society NI.

***If a Co-tutoring arrangement is in place, both tutors must complete this section.**

TUTOR DETAILS

Pre-registration Training – Full twelve months training OR first six months if trainee is undertaking two six months placements

TRAINING START DATE
(DD/MM/YY)

TRAINING END DATE
(DD/MM/YY)

TUTOR(S) SURNAME

REGISTRATION NO

TUTOR(S) FORENAMES

PREMISE ADDRESS
(where training will
take place)

PREMISE POSTCODE

TUTOR /PHARMACY
EMAIL ADDRESS

TUTOR COURSE
(date last attended)
(DD/MM/YY)

TUTOR DECLARATION

I/We confirm that I have agreed to be the tutor for the above named trainee in the above named premises for the dates indicated.

I/We have been in practice in this sector of pharmacy for a minimum of 3 years.

I/We have read and understood and agree to adhere to the Pharmaceutical Society's requirements and conditions for pre-registration tutors as described in the current [Standards for Pre-registration Training](#).

I/We confirm that I meet the Pharmaceutical Society's requirements for tutors (completed course).

I/We confirm that I am compliant with the Pharmaceutical Society's Continuing Professional Development system.

I/We note the data protection statement on Page 3 as it applies to relevant information held about me/us.

For Community Placements:

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

OR

For Hospital Placements: (where trainee moves around departments)

I/We confirm that I am working in the above named premises on a minimum of 30 hours over at least 4 days and I will undertake to meet the above named trainee at least once a month.

I/We confirm that I will inform the pre-registration lead if any of the above change during the dates indicated

SIGNED

DATE

TUTOR DETAILS - SECOND SIX MONTHS

(PLEASE COMPLETE IN BLOCK CAPITALS)

NAME OF TRAINEE

This form must be completed by your tutor* and must accompany your application to the Pharmaceutical Society NI.

***If a Co-tutoring arrangement is in place, both tutors must complete this section.**

TUTOR(S) DETAILS

Pre-registration Training – Second six months if trainee is undertaking two six months placements

TRAINING START DATE
(DD/MM/YY)

TRAINING END DATE
(DD/MM/YY)

TUTOR(S) SURNAME

REGISTRATION NO

TUTOR(S) FORENAMES

PREMISE ADDRESS
(where training will
take place)

PREMISE POSTCODE

TUTOR /PHARMACY
EMAIL ADDRESS

TUTOR COURSE
(date last attended)
(DD/MM/YY)

TUTOR DECLARATION

I/We confirm that training will be at two pharmacy premises in two six month placements specified on page 2.

I/We have been in practice in this sector of pharmacy for a minimum of 3 years.

I/We have read and understood and agree to adhere to the Pharmaceutical Society's requirements and conditions for pre-registration tutors as described in the current [Standards for Pre-registration Training](#).

I/We confirm that I meet the Pharmaceutical Society's requirements for tutors (completed course).

I/We confirm that I am compliant with the Pharmaceutical Society's Continuing Professional Development system.

I/We note the data protection statement on Page 3 as it applies to relevant information held about me/us.

For Community Placements:

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

OR

For Hospital Placements: (where trainee moves around departments)

I/We confirm that I am working in the above named premises on a minimum of 30 hours over at least 4 days and I will undertake to meet the above named trainee at least once a month.

I/We confirm that I will inform the pre-registration lead if any of the above change during the dates indicated

SIGNED

DATE

TRAINEE CHARACTER DECLARATION

(PLEASE COMPLETE IN BLOCK CAPITALS)

NAME OF TRAINEE

CHARACTER DECLARATION

It is important that any graduate wishing to register as a trainee of the Pharmaceutical Society NI must be able to satisfy the Council of the Pharmaceutical Society of his/her good character.

Please complete the following:

Tick the response (YES or NO) that applies to you

	YES	NO
1. Have you ever received a caution or been convicted of an offence within the UK or elsewhere other than a motoring offence not resulting in disqualification about which you have not previously advised the Registrar? (The position of Pharmacist is exempt from the provisions of the Rehabilitation of Offenders (Northern Ireland) Order 1978. Therefore, you must declare all convictions including those that would be considered "spent" under this legislation.)	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you subject of ongoing or pending criminal proceedings in the UK or elsewhere other than a motoring offence not resulting in disqualification about which you have not previously advised the Registrar.	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you subject to any findings or determinations by a licensing or regulatory body in the UK or elsewhere, about which you have not previously advised the Registrar?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you subject to sex offender notification requirements?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you listed on the disqualification from working with children or vulnerable adults list in Northern Ireland, relevant Scottish lists or other lists held by the Department of Children, Schools and Families and Department of Health in England and Wales?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you been subject to any sanction under Fitness to Practise procedures whilst studying at university?	<input type="checkbox"/>	<input type="checkbox"/>

Confirmation of your Fitness to Practise history will be sought from your University

I confirm that I will inform the Pre-registration Lead if any of the above change during pre-registration training.

If you answer YES to ANY of the above, please provide details in the following section on page 9.

If you answer YES to ANY of the above you are advised to contact the Pre-registration Lead.

Please complete the declaration below if you answer NO to all of the above, OR have provisional approval from the Pharmaceutical Society to proceed notwithstanding any YES responses

DECLARATION BY TRAINEE:

I declare that the information provided above is true. I know of NO REASON that might result in me being considered an unsuitable person to undertake pre-registration training.

SIGNED

DATE

TRAINEE CHARACTER DECLARATION (Continued)
(PLEASE COMPLETE IN BLOCK CAPITALS)

If you have answered YES to ONE OR MORE of the questions in the Trainee Character Declaration Section:

PLEASE PROVIDE DETAILS BELOW;

HEALTH DECLARATION - CONFIDENTIAL

(PLEASE COMPLETE IN BLOCK CAPITALS)

NAME OF TRAINEE

Principle 3.1.6 of [The Code](#) states that you must:

“Promptly inform the regulator, your employer and other relevant authorities of any circumstances that may call into question your fitness to practise or has the potential to bring the profession of pharmacy into disrepute.”

Are there any issues in relation to your mental or physical health that may impair your fitness to practise that you have not previously advised the Registrar in writing?

TICK APPROPRIATE BOX

YES

NO

If you are concerned that a physical or mental health problem may impair your ability to practise, you must seek to clarify this with your physician or consultant and make a health declaration in writing to the Registrar. Any information supplied must be marked Confidential and for the attention of the Registrar only.

Please note you may also be asked to undertake an occupational health assessment commissioned by the Pharmaceutical Society.

DECLARATION BY APPLICANT

I DECLARE THAT:

ALL OF THE INFORMATION I GIVE IN THIS FORM AND IN ANY SUPPORTING DOCUMENTS IS ACCURATE.

I WILL ACCEPT AN OBLIGATION TO COMPLY WITH THE CODE & SUPPLEMENTARY PROFESSIONAL STANDARDS AND GUIDANCE PUBLISHED BY THE PHARMACEUTICAL SOCIETY’S COUNCIL.

I HAVE A DUTY TO NOTIFY THE REGISTRAR OF ANY CHANGES TO MY NAME, HOME ADDRESS OR OTHER CONTACTS DETAILS.

I HAVE A DUTY TO NOTIFY THE REGISTRAR OF ANY FITNESS TO PRACTISE MATTERS WITHIN 7 DAYS OF ANY OCCURANCE THROUGHOUT MY PRE-REGISTRATION YEAR.

I UNDERSTAND THAT:

IF THE DECLARATION INCLUDED IN THIS APPLICATION FOR PRE-REGISTRATION TRAINING IS NOT COMPLETED TO THE SATISFACTION OF THE REGISTRAR, MY APPLICATION WILL NOT BE PROCESSED AND I WILL BE DEEMED TO HAVE FAILED TO PAY THE APPLICATION FEE.

IF I AM FOUND TO HAVE GIVEN FALSE OR MISLEADING INFORMATION IN CONNECTION WITH MY REGISTRATION ON THE STUDENT REGISTER, THIS MAY BE TREATED AS MISCONDUCT FOR THE PURPOSES OF THE PHARMACY (NI) ORDER 1976, WHICH MAY RESULT IN MY REMOVAL FROM THE STUDENT REGISTER.

SIGNED

DATE

PRINT
NAME

APPROVAL OF PHARMACY PREMISES AS A TRAINING ESTABLISHMENT

(PLEASE COMPLETE IN BLOCK CAPITALS)

NAME OF TRAINEE

If training is to take place in two establishments please provide details for both (additional form provided on Page 12).

This section of the form should be completed by the employer or person within the organisation who has overall responsibility for pre-registration training.

A pharmacy approved for pre-registration training must provide an appropriate learning environment for the student.

Please tick to confirm the pharmacy owner/superintendent has:

YES

1. A comprehensive training programme allowing the trainee to fulfil the requirements of the Performance Standards programme and the examination syllabus will be in place.
2. The recommended reference sources for pre-registration training available.
3. Sufficient staffing levels to allow appropriate learning to occur.
4. Ensured that all staff will have an appropriate awareness of the aims and components of the pre-registration training programme.
5. A suitably qualified tutor available to supervise the pre-registration trainee when the tutor is not available satisfactory arrangements will be in place.
6. **Ensured that the pre-registration student will have 4 hours protected time to study: tailored to individual circumstances per working week.**
7. Ensured that the premises have online internet access and the student is given access to the internet to aid training.

Please state the **number of hours** to be worked by the pre-registration trainee each week inclusive of protected study time.

PREMISE NAME

PREMISE ADDRESS

POSTCODE

DATE

PRINT NAME

SIGNED

- 1 The pre-registration training programme must provide the trainee with experimental learning to allow him to fully cover all aspects of the Pharmaceutical Society NI's registration requirements: including the Performance Standards Programme and the Examination Syllabus. The Performance Standards programme and Examination Syllabus can be viewed at www.psn.org.uk. If the trainee cannot gain the relevant experience within the training site, the tutor must organise experience elsewhere.
- 2 The recommended reference sources for pre-registration training are available at www.psn.org.uk. They are also available in the Pre-registration Tutor Information manual and the Pre-registration Trainee manual.
- 3 The pre-registration tutor must have sufficient time to meet formally with the pre-registration trainee – a minimum of 15-20 minutes fortnightly is required. The pre-registration trainee must be appropriately supervised in all their activities. Staffing levels within the pharmacy must allow the trainee to meet all the registration requirements of the Pharmaceutical Society NI including the Performance Standards Programme and the Examination Syllabus. Sufficient staff must be available to ensure that the Pharmaceutical Society NI appraisals and performance standards assessment summaries are completed on time and in an appropriate environment.
- 4 All pharmacy staff involved in pre-registration training should receive sufficient support from the pre-registration tutor. All staff who work alongside the pre-registration trainee should understand the workload requirements of registration with the Pharmaceutical Society NI.

APPROVAL OF SECOND PHARMACY PREMISES AS A TRAINING ESTABLISHMENT *

(PLEASE COMPLETE IN BLOCK CAPITALS) *If applicable

NAME OF TRAINEE

This section of the form should be completed by the employer or person within the organisation who has overall responsibility for pre-registration training.

A pharmacy approved for pre-registration training must provide an appropriate learning environment for the student.

Please tick to confirm the pharmacy owner/superintendent has:

YES

1. A comprehensive training programme allowing the trainee to fulfil the requirements of the Performance Standards programme and the examination syllabus will be in place.
2. The recommended reference sources for pre-registration training available.
3. Sufficient staffing levels to allow appropriate learning to occur.
4. Ensured that all staff will have an appropriate awareness of the aims and components of the pre-registration training programme.
5. A suitably qualified tutor available to supervise the pre-registration trainee when the tutor is not available satisfactory arrangements will be in place.
6. Ensured that the pre-registration student will have 4 hours protected time to study: tailored to individual circumstances per working week.
7. Ensured that the premises have online internet access and the student is given access to the internet to aid training.

Please state the **number of hours** to be worked by the pre-registration trainee each week inclusive of protected study time.

PREMISE NAME

PREMISE ADDRESS

POSTCODE

DATE

PRINT NAME

SIGNED

- 1 The pre-registration training programme must provide the trainee with experimental learning to allow him to fully cover all aspects of the Pharmaceutical Society NI's registration requirements: including the Performance Standards Programme and the Examination Syllabus. The Performance Standards programme and Examination Syllabus can be viewed at www.psn.org.uk. If the trainee cannot gain the relevant experience within the training site, the tutor must organise experience elsewhere.
- 2 The recommended reference sources for pre-registration training are available at www.psn.org.uk. They are also available in the Pre-registration Tutor Information manual and the Pre-registration Trainee manual.
- 3 The pre-registration tutor must have sufficient time to meet formally with the pre-registration trainee – a minimum of 15-20 minutes fortnightly is required. The pre-registration trainee must be appropriately supervised in all their activities. Staffing levels within the pharmacy must allow the trainee to meet all the registration requirements of the Pharmaceutical Society NI including the Performance Standards Programme and the Examination Syllabus. Sufficient staff must be available to ensure that the Pharmaceutical Society NI appraisals and performance standards assessment summaries are completed on time and in an appropriate environment.
- 4 All pharmacy staff involved in pre-registration training should receive sufficient support from the pre-registration tutor. All staff who work alongside the pre-registration trainee should understand the workload requirements of registration with the Pharmaceutical Society NI.

LEARNING CONTRACT

This section of the application 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.

If a Co-tutoring arrangement is in place, both tutors must complete a Learning Contract with the trainee*.

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:

* Additional copies can be printed using this [link](#)

PHOTOGRAPH TO VERIFY IDENTITY OF APPLICANT

(PLEASE COMPLETE IN BLOCK CAPITALS)

REQUIREMENTS FOR AN APPROPRIATE OFFICIAL

The counter signatory must be a professional person of some standing in the community (See A,11).

Further detail

- They must have known you for at least 2 years
- They must be resident in the UK
- They must not be related to you by birth or marriage
- They should not be living at the same address or be in a personal relationship with you
- They must certify on the reverse side the following handwritten declaration '***I certify that this is a true and accurate likeness of (trainee's name)***', it must also be **signed and dated** by the appropriate official.

Staple Certified

Photo Here

THE PHOTOGRAPH

The same parameters which are required for a photograph presented in a passport apply to this application. The photograph must:

- be the size of a standard passport photo
- be in colour
- not be torn, creased or marked
- have a plain cream or light grey background
- be printed on plain white photographic paper
- not be trimmed or cut down from a larger photo

YOUR PICTURE IN PHOTOGRAPH MUST:

- be of you alone facing forward
- be a clearly defined image
- show you with a neutral expression
- be taken without sunglasses or tinted glasses
- show your full head, with no covering of the face by hair etc
- be a close up of your head and shoulders
- be taken in the last 4 weeks
- be taken with your eyes open and clearly visible
- be free from reflection/glare on spectacles

TO BE COMPLETED BY THE PROFESSIONAL PERSON SIGNING THE PHOTOGRAPH (BLOCK CAPITALS ONLY)

SURNAME

FIRST NAME(S)

ADDRESS

POSTCODE

TELEPHONE NUMBER

EMAIL ADDRESS

PROFESSION

(inc professional registration number if applicable)

By countersigning this photograph I agree that the Pharmaceutical Society NI may contact me to verify that the information provided is correct.

I declare that I have signed the photograph enclosed with this application form and that I have known the applicant (insert trainee name) for a period of years and that the

information I have provided is correct.

SIGNED

DATE

PRINT
NAME

END OF APPLICATION FORM

Please check your application thoroughly

Before you send your application, you should make a copy for your records

It is advised you send your application by a traceable method so you can ensure that it arrives as at the Pharmaceutical Society.

Retain Information Section for your own reference

An applicant should NOT commence any period of training until they have:

- a) Written confirmation that their application has been accepted**
- b) Provided written confirmation of MPharm award (directly from University)**

Debit Payment Form on the next page

For Office Use Only

APPLICATION FEE £206

METHOD OF PAYMENT CHEQUE DEBIT CARD

Debit Card Payment Form

Please note payment will be taken on submission of an application.

Please only send card details by secure postal mail.

A cardholder receipt will be forwarded to the registrant on completion of processing of the application*

Name of Applicant

Name of cardholder
(as it appears on card)

Address of cardholder

Postcode

16 Digit card number

Valid From Date M Y **Expiry Date** M Y

Issue Number **Security Code**
(for Maestro only) (last 3 digits on reverse of card)

Signature of cardholder

Date

*Please note due to the high volume of payments at this time there may be a delay on posting of cardholder receipt.

Office Use only:	
Authorisation Code:	
Payment Declined:	