

Application to register as a Pre-registration Trainee of the Pharmaceutical Society NI 2020-21

CHECKLIST:

- (1) **Application form** – The application form must be submitted to the Pharmaceutical Society NI on or before 29 May 2020 via email (pre-registration@psni.org.uk). All parts must be fully completed in order to be accepted.
- (2) **Application fee** – £206 (refer to Section A3)
- (3) **Scanned copy of your original birth certificate**
- (4) **Scanned copy of your proof of identity document** – one of the following will be accepted
- Current UK/EEA full or provisional photocard driving licence
 - Current valid passport – must show photograph and expiry date
 - Electoral ID Card
 - EEA Identity Card
- (5) **Scanned copy of a current passport type photograph** – (refer to Page 16)
- (6) **Scanned copy of your degree certificate/OSPAP** (if already in your possession). Please note: a photocopy of your degree certificate must normally be submitted to the Pharmaceutical Society within TWO months of commencing training, due to delays in graduation this may be submitted a later stage.

International Students

- (7) **Scanned copy of your original birth certificate** – if the birth certificate is not in English, you are required to submit a certified translation in English as well as a certified copy of the original. Further information and requirements can be found on our [website](#).
- (8) **Scanned copy of your current Visa/Biometric Residents Permit (BRP)**

The photograph & supporting documents must accompany your application

DECISION TO ENTER PRE-REGISTRATION TRAINING DURING COVID-19

Pharmacy students should make an informed decision about their health when deciding to enter pre-registration training during this period. Students should understand the risks to their personal health. If you have an underlying health condition, which may place you at greater risk of severe illness if you were to catch Covid-19 you should seek medical advice in relation to joining the pre-registration training programme.

All pre-registration trainees must follow the latest Government advice and follow the correct social distancing measures.

HOW TO COMPLETE THIS APPLICATION FORM - PLEASE READ CAREFULLY

The completed application form and supporting documents must be submitted to the Pharmaceutical Society NI on or before 29 May 2020 via email to: pre-registration@psni.org.uk.

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 and we have received confirmation of their MPharm award.

SECTION A – Before Applying for Pre-registration Training


All applicants must hold a MPharm degree/OSPAP 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.psni.org.uk/pre-registration/applying-to-register-as-trainee-of-the-society/>

1. Completing my application

The application form must be downloaded and opened in Adobe Acrobat/Adobe Reader to allow completion.

All sections can be completed using the using Sign icon  in the tool bar or by using the **Fill & Sign** option on the right-hand pane, further information is available on the [website](#).

2. Submitting my application

Submit your completed application, including all supporting documents as soon as you can to ensure there are no delays.

The closing date for applications is **29 May 2020**; 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 **29 May 2020**.

3. How can I pay?

To make a payment please contact the office on 02890326927 and select option 4, a member of our Finance Team will take payment over the phone by debit card only.

Once confirmation of payment has been received your application will be processed.

4. When can I start pre-registration training?

For the 2020-21 intake, pre-registration training may only start between **01 July 2020*** and **14 September 2020**.

**If you start training before this date it will not count towards your 52 week total.*

5. Birth certificate

The Pharmaceutical Society NI requires a photocopy of your original birth certificate.

If the birth certificate is not in English, you are required to submit a certified translation in English as well as a certified copy of the original. Further information and requirements can be found on our [website](#).

6. 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.

7. 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.

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 10.

SECTION B – After Submitting Your Application

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

We will write to you to confirm if your application has been accepted - this may take several weeks after the deadline for receipt of applications. The letter will provide you with your pre-registration training number and confirm your anticipated start date. Your tutor will also receive a confirmation letter

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.

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. Eligibility to sit the Common Registration Assessment in 2021

Candidates intending to sit the Common Registration Assessment will only be eligible when they have completed a minimum of 45 weeks training and have satisfactorily achieved 39 weeks in training as confirmed by their tutor.

It is anticipated that the Summer and Autumn Registration Assessments will occur during week commencing 21 June 2021 and 27 September 2021 respectively.

Trainees and employers should agree a suitable training start date taking into account the dates above.

APPLICATION CLOSING DATE: Friday 29 May 2020

PERSONAL DETAILS

(PLEASE COMPLETE IN BLOCK CAPITALS)

TITLE

SURNAME

FORENAMES

(as on birth certificate)

KNOWN AS

PREVIOUS SURNAME

(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:

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 below 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

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)

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 3

Training will be at the pharmacy premises specified with no more than two weeks spent at 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 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 3 (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 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 named 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 2 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 2 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 2 as it applies to relevant information held about me/us.

For Community/ Hospital 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.

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 3.

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 2 as it applies to relevant information held about me/us.

For Community/Hospital 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.

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 been subject to any **sanction** under student Fitness to Practise procedures whilst studying at university? Further guidance about what is considered a sanction can be found at:

https://www.pharmacyregulation.org/sites/default/files/document/guidance_on_student_fitness_to_practise_procedures_in_schools_of_pharmacy_july_2018_.pdf

2. Are you currently bound over or do you have any convictions, cautions or informed warnings in the UK or in any other country which are not deemed 'protected' under the Rehabilitation of Offenders (Exceptions) Order (NI) 1979 (as amended in 2014) or are not subject to 'filtering' under the Police Act 1997 (as amended)? Guidance on 'protected' convictions and the 'filtering' scheme can be found at: <https://www.nidirect.gov.uk/articles/information-disclosed-about-you#toc-2>

It is not necessary to declare:

(i) a motoring offence which has not resulted in disqualification; or

(ii) any other matter about which you have previously advised the registrar in writing.

Yes

No

3. Are you the subject of ongoing or pending criminal proceedings in the UK or elsewhere (other than a motoring offence not likely to result in a disqualification), about which you have not previously advised the registrar in writing?

Yes

No

4. Have you agreed to pay a penalty under Section 109a of the Social Security Administration (Northern Ireland) Order 1992 (penalty as an alternative to prosecution) about which you have not previously advised the registrar in writing?

Yes

No

5. Have you been notified by a regulatory body in the UK responsible under any statutory provision for the regulation of a health or social care profession of a determination to the effect that your fitness to practise is impaired, or a determination by a regulatory body elsewhere to the same effect, about which you have not previously advised the registrar in writing?

Yes

No

6. Are you subject to an investigation by another regulatory body (other than the PSNI) about which you have not previously advised the registrar in writing?

Yes

No

7. Are you the subject of any fraud investigation by an HSC body about which you have not previously advised the registrar in writing?

Yes

No

8. Are you included in a barred list (within the meaning of the Safeguarding Vulnerable Groups Act 2006 or the Safeguarding Vulnerable Groups (Northern Ireland) Order 2007) about which you have not previously advised the registrar in writing?

Yes

No

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

If you answer YES to ANY of the above, please provide details in the following section on page 10 and any evidence that would help support your claim of good character for consideration by the registrar if not previously supplied. A trainee character declaration form is ONLY to be completed should you wish to make a declaration.

Any information supplied must be marked confidential and for the attention of the registrar only.

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;

Empty rectangular box for providing details.

HEALTH DECLARATION - CONFIDENTIAL

(PLEASE COMPLETE IN BLOCK CAPITALS)

NAME OF TRAINEE

DECISION TO ENTER PRE-REGISTRATION TRAINING DURING COVID-19

Pharmacy students should make an informed decision about their health when deciding to enter pre-registration training during this period. Students should understand the risks to their personal health. If you have an underlying health condition, which may place you at greater risk of severe illness if you were to catch Covid-19 you should seek medical advice in relation to joining the pre-registration training programme.

All pre-registration trainees must follow the latest Government advice and follow the correct social distancing measures.

Are there any issues in relation to your mental or physical health that may impair your fitness to undertake pre-registration training 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 undertake training, 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.

I DECLARE THAT:

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

I UNDERTAKE TO:

- TO COMPLY WITH THE PRINCIPLES OF THE CODE & SUPPLEMENTARY PROFESSIONAL STANDARDS AND GUIDANCE PUBLISHED BY THE PHARMACEUTICAL SOCIETY'S COUNCIL
- TO NOTIFY THE REGISTRAR OF ANY CHANGES TO MY NAME, HOME ADDRESS OR OTHER CONTACTS DETAILS
- TO NOTIFY THE REGISTRAR OF ANY CHARACTER / 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.

IF I AM FOUND TO HAVE GIVEN FALSE OR MISLEADING INFORMATION IN CONNECTION WITH MY REGISTRATION ON THE TRAINEE 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 13).

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 and 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 which can be viewed at www.psni.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.psni.org.uk. They are also available in the Pre-registration Training 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.
- 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 and 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 which 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 Training 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.
- 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 the Co-Tutor Form.

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 accessed using this [link](#)

PHOTOGRAPH REQUIREMENTS

You are required to submit a scanned copy of a current passport style photograph which must be submitted with your application.

Your photo must have been taken within the last 6 months.

The photograph can be taken using your phone, tablet or other device.

The quality of your photograph

Your photograph must be:

- Clear and in focus
- In colour
- Unaltered by computer software

What your photograph must show

The photograph must:

- Contain no other objects or people
- Be taken against a plain light-coloured background
- Be in clear contrast to the background
- Not have 'red eye'
- Include your head, shoulders and upper body

In your photograph you must:

- Be facing forwards and looking straight at the camera
- Have a plain expression and your mouth closed
- Have your eyes open and visible
- Not have hair in front of your eyes
- Not have a head covering (unless it's for religious or medical reasons)
- Not have anything covering your face
- Not have any shadows on your face or behind you

Do not wear sunglasses or tinted glasses. You can wear other glasses if you need to, but your eyes must be visible without any glare of reflection

END OF APPLICATION FORM

Please check your application thoroughly

Email your completed application and supporting documents on or before Friday 29 May 2020 to:

pre-registration@psni.org.uk

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)**

APPLICATION CLOSING DATE: Friday 29 May 2020

For Office Use Only

APPLICATION FEE £206

METHOD OF PAYMENT DEBIT CARD