



Application for a co-tutoring arrangement during pre-registration training

The preferred arrangement for tutor supervision is that a single tutor has a sole trainee for the duration of training. In exceptional circumstances, such as when a tutor is unable to supervise a trainee for the requirement, of a minimum of 30 hours over a minimum of four days a week and when all other options for single tutor supervision have been exhausted, a co-tutoring arrangement may be considered where both tutors share supervisory responsibilities. The trainee must consent to the co-tutoring arrangement.

In a co-tutoring arrangement, the aggregate hours worked by tutors must meet the minimum full-time requirement as described above. One tutor will be nominated to conduct quarterly appraisals and to validate learning cycles via the reflective e-portfolio. Both tutors in a co-tutoring arrangement must co-sign the final declaration.

Please note that co-tutoring will only be recognised after a co-tutoring arrangement has been approved

Trainee Name:	
Name of First Tutor: <i>(This tutor will be nominated to conduct appraisals and validate the reflective e-portfolio)</i>	
Registration No:	
Name of Second tutor:	
Registration No:	
Address of premises where tutors will undertake supervision:	

The Pharmaceutical Society NI will check tutor accreditation.

TUTOR DECLARATION

We confirm that we have agreed to be the tutors for the above named trainee in the above named premises

For the dates:

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

- 1) We 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) We confirm that all other options for sole tutor supervision have been exhausted.
- 3) We confirm that we meet the Pharmaceutical Society's requirements for tutors.
- 4) We confirm that we are not currently the subject of any fitness to practise proceedings.
- 5) We can confirm that the aggregate hours worked by both tutors meets the requirement of a minimum of 30 hours over a minimum of 4 days each week
- 6) We confirm that we will inform the Pre-registration Lead if any of the above change during the dates indicated.

7) We will both be responsible for co-signing the final declaration

First Tutor Signature:		Second Tutor Signature:	
Print name:		Print Name:	
Date:		Date:	

TRAINEE DECLARATION

I consent to the co-tutoring arrangement with the above named tutors.

Trainee Signature:	
Print Name:	
Date:	

Continue to Learning Contract Overleaf.....

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

We, / (insert both names) make the following commitments to you,

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

training with me.

We 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 TUTORS: / 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 both 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 TUTORS: / DATE:

SUBMISSION OF FORM

This form must be received by the Pharmaceutical Society NI in advance of the proposed training arrangement. Training under a co-tutoring arrangement will only be recognised after approval has been given.

Please send a scanned copy of the completed form by email to pre-registration@psni.org.uk.