**Centre for Inter-Professional Postgraduate Education and Training**

**Checklist for Online Application - Prescribing Programme**

**Applicants:** you should use this application checklist to remind you of the additional information and documents that you will need to upload as part of your online application, please upload this with your application. If any of the information or documents requested are missing, then there will be a delay in processing your application.

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| Name (also include your name as stated on your professional register if this is different) | Click here to enter text. |
| Healthcare profession (e.g. pharmacist, nurse, physiotherapist, paramedic) | Click here to enter text. |
| Number on professional register (HCPC, GPhC, PSNI or NMC) | Click here to enter text. |
| What year did you register with your professional regulator? | Click here to enter text. |
| Have you previously been enrolled on a prescribing programme?*If you answer yes, please give further information in your statement of purpose* | [ ] Click here to enter text if you answered yes. |
| Are you currently enrolled on any other programmes of study (inc. CPPE pathways)?*If you answer yes, please give further information in your statement of purpose* | [ ] Click here to enter text if you answered yes. |
| Clinical area/speciality of your intended scope of practice | Click here to enter text. |
| **Where requested by admissions tutor:** Certificate number of your enhanced Disclosure and Barring Service (DBS) check, plus any update service numbers.  | Click here to enter text. |
| I confirm I have read the intended study days on the CIPPET website and that I am available to attend all the days. I understand that attendance at all sessions is a requirement of the programme. |[ ]
| In accordance with the HCPC “Standards of conduct, performance and ethics” / GPhC “Standards for pharmacy professionals” / NMC “The Code” I agree that I must notify the University of Reading prescribing Programme Director if there are any circumstances relating to my fitness to practise including any pending, current or past investigations, or criminal convictions |[ ]
| In accordance with guidance from my professional regulator (the HCPC, GPhC or NMC) I confirm I have an active and appropriate professional indemnity arrangement in place |[ ]
| I give permission for the University of Reading prescribing Programme Director to contact my professional regulator, my employer and/or the funding body for my programme in relation to any false declarations made on my application, and if my application is successful my attendance, behaviour and/or performance on the programme. |[ ]
| I understand that if I have not uploaded ALL the required documents (by CIPPET and the university admissions website) my application may not be accepted.  |[ ]
| **Online application** |
| I have uploaded the signed DPP declaration form |[ ]
| *Nurse applications only: I have uploaded the signed practice supervisor declaration form* |[ ]
| I have uploaded the signed workplace-based learning declaration form |[ ]
| I have uploaded my student statement of purpose using the guidance provided |[ ]
| I have declared who will be sponsoring my place on the programme and if the funding is confirmed |[ ]
| My proposed DPP works in the same organisation where I am employed**OR** |[ ]
| I will be undertaking the practice based learning with my DPP in another organisation |[ ]
| I am being sponsored and I have uploaded, or will upload during enrolment, a letter from my sponsor confirming they will be funding my place, how much they will contribute, the purchase order number where relevant and where to send the invoice**OR** |[ ]
| If I am being sponsored by NHSE Education I have uploaded confirmation of my eligibility to undertake the programme**OR** |[ ]
| I am self-funding and have uploaded the self-funding declaration form |[ ]
| I have entered the professional email address for two referees and advised them to look out for the automatic email (or I have given them the reference template in advance) |[ ]
| If you are applying with existing academic credits you would like to transfer: I have discussed RPL/RPEL with the admissions tutor and have attached the relevant form with section 1 completed. |[ ]
| **Applicant signature** | **Date** |