

Application Form

University of Reading PGCert Independent Prescribing for Pharmacists, Nurses and Allied Health Professionals.

All applicants must complete all sections of this application form. Once fully completed your application will be considered by the admissions team and you will be invited for interview. If the application form is incomplete we will be unable to process your application.

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Section 1: General Information

Name: (also include your name as stated on your professional register if this is different)			
Registration number:			
Scope of practice information: Applicants should identify an area of clinical or therapeutic practice on which to base their learning and develop their independent prescribing practice. This does not necessarily have to align to previous experience or a specific area of competence. You will need to have a broad overarching area of practice, which will link the breadth of the different pieces of work over the programme, and then a more specific scope of practice, which will focus how you demonstrate the depth of your knowledge. <i>For example “cardiology, heart failure”, “paediatrics, asthma”, “endocrinology, diabetes”.</i>			
Area of intended practice:		Scope of practice:	
Funding: Indicate below how the course will be funded. Please ensure you complete the relevant declaration later in the application form.			
Self-funding:			☐
Employee funding:			☐
NHS Education England (NHSEE) funding: NB Funding is not guaranteed as this depends on the number of places we have available in each category. We may ask you to find alternative funding.			☐
Please select which category of NHSEE funding applies:	Category 1: ☐ Pharmacists enrolled on the Primary Care Pharmacy Education Pathway (PCPEP)	Category 2: ☐ Pharmacists working to support the delivery of primary care services	Category 3: ☐ Pharmacists working in the NHS Managed sector

Section 2: Curriculum Vitae

Please insert a copy of your curriculum vitae (CV) in the box below. Applicants must have relevant experience in a UK health care setting, either NHS or private, that demonstrates how personal experiences have strengthened your understanding of the role of a prescriber.

Section 3: Evidence of continuing professional development

Please insert evidence of any continued professional development you have completed in the last two years e.g. attendance at education events, conferences, online courses or revalidation records.

Section 4: Supporting Statement

The statement of purpose is used to support your application in meeting the entry criteria for independent prescribing, as well as determining your preparedness to undertake the program of study.

You should consider the following questions when writing your statement.

- Where do you see yourself using the prescribing qualification?
- What clinical experience do you have which you can build on to becoming an autonomous prescriber?
- How does your intending prescribing role benefit patients?
- What patient facing experiences do you have that have prepared you for the prescribing course?
- How do you keep up to date in your practice and reflect on your impact on patient care?
- What experience do you have working in a multidisciplinary team that has prepared you for this prescribing course?

You must include how you are able to recognise, understand and articulate the skills and attributes which are required of a prescriber and reference at least three of the [GPhC standards](#) or [HCPC standards](#) or [NMC standards](#)

You must also demonstrate your understanding of the [Royal College of Pharmacy Competency Framework for Prescribers](#) and how you intend to use it as a document to show your competence as a prescriber in your scope of practice. You may want to focus on one domain.

The statement of purpose must be no longer than 1000 words, excluding references.

For further guidance on what to include in your statement of purpose please refer to the non-medical prescribing website.