University of Manchester Clinical Pharmacy and Advanced Community Pharmacy Practice programmes

Supporting evidence for funding for community and secure environment pharmacists through the Pharmacy Integration Fund.

1. Fill out this form
2. Upload this form and a photograph of yourself (passport style) with your online application or email to pgtaught.pharmacy@manchester.ac.uk.

**SECTION 1**

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| Full name of applicant |  |
| Home address |  |
| Date of birth (DD/MM/YYYY) |  |
| Email address |  |
| GPhC registration number |  |
| Gender  | Male [ ]  Female [ ]  Prefer not to say [ ]  |
| Please indicate your ethnic origin | 10 White [ ] 14 Irish Traveller [ ] 21 Black/Black British Caribbean [ ] 22 Black/Black British African [ ]  29 Other Black Background [ ] 31 Asian/Asian British Indian [ ] 32 Asian/Asian British Pakistani [ ] 33 Asian/Asian British Bangladeshi [ ] 34 Chinese [ ]  39 Other Asian Background [ ] 41 Mixed – White and Black Caribbean [ ] 42 Mixed – White and Black African [ ] 43 Mixed – White and Asian [ ]  49 Other Mixed Background [ ] 50 Arab [ ] 80 Other Ethnic Background [ ] 90 Not known [ ] 98 Information refused [ ]  |
| Support needs | Please select from the list of statements the one that is most appropriate to you. If necessary, give further details of any special requirements or additional support needs you might have.Autistic/Asperger Syndrome [ ] Blind / partially sighted [ ] Deaf / partial hearing [ ] Learning difficulty [ ] Mental health [ ] Multiple disabilities [ ] No disability [ ] Other disability [ ] Unseen disability [ ] Wheelchair / mobility [ ] 0 No known disability [ ]

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| Please give details of any special requirements or additional support needs as a result of your disability: |
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| Employment | Please indicate if you are:Employed in the secure environment sector [ ] Employed by a community pharmacy [ ] A locum pharmacist in community pharmacy [ ] If you are a community pharmacist, please indicate the type of community pharmacy role you have:Community – suburban [ ] Community – retail park [ ] Community – high street/town or city centre [ ] Community – rural [ ] Hospital out-patient department [ ] Airport or train station [ ] Within a GP practice/primary care health centre [ ] Other [ ]  Specify:If you are employed in the secure environment sector, please indicate what type of organisation you work for:NHS – acute trust [ ] NHS – mental health trust [ ] NHS – primary care [ ] Private pharmacy employer [ ] Other [ ]  Specify: |
| Name and address of employer sponsor (the address of the organisation you work for who are supporting your application) | Name:Address:  |
| Contracted hours per week | Applicants are required to be in current employment in community pharmacy or secure environment pharmacy for a minimum of 0.4 WTE (15 hours per week).\_\_\_\_\_\_ hours per week  |
| Services that you offer | Community pharmacists please tick all the services that you are personally accredited to provide.Walk in/repeat dispensing [ ] Care home provision [ ] Independent prescribing [ ] Medicines use review (MUR) [ ] New medicines service (NMS) [ ] Dispensing appliances [ ] Supervised consumption [ ] Needle exchange [ ] Smoking cessation [ ] Flu vaccination [ ] Travel vaccination [ ] Sexual dysfunction [ ] Contraception [ ] Emergency contraception [ ] Appliance use review (AUR) [ ] Stoma appliance customization (SAC) [ ] Urgent medication supply scheme [ ] Healthy living pharmacy [ ] Minor ailment scheme [ ] Cardiovascular screening [ ] Diabetes screening [ ] Weight management [ ] NHS111/Urgent care [ ] Care home services [ ] Patient group directions (PGDs) [ ]  Specify:Other [ ]  Specify:Secure environment pharmacists please tick all the clinical and medicines management services that you personally provide.Dispensary services [ ] Medication review [ ] Prescribing advice [ ] Minor ailments [ ] Medicines reconciliation [ ] Inpatient services [ ] Mental health in-reach services [ ] Integrated drug and alcohol treatment services [ ] Pharmacist-led clinics [ ]  Specify: Medicines policy development [ ] IP/NIP risk assessment [ ] ePrescribing and eMedicines Management development [ ] Clinical governance committee work [ ] Patient group directions (PGDs) [ ] Independent prescriber [ ] Other [ ]  Specify: |
| Confirmations (please tick) | I confirm that I am currently fit to practise as per the GPhC requirements [ ] I consent to share information with NHS England and third parties contracted by NHS England to evaluate postgraduate training. This information will consist of demographic data, contact information and data on course completion, in line with the General Data Protection Regulation (GDPR) and Data Protection Act 2018.[ ] I consent to being contacted by the NHS England and their third party evaluation team/s to provide feedback, and to be invited to provide more in-depth feedback via workshops, focus groups or written case studies. [ ] I confirm that I am not enrolled on any of the following NHS England Service Pathways: * Integrating Pharmacy into Urgent Care [ ]
* Pharmacy Integration in Care homes [ ]
* Clinical Pharmacists in General Practice Phase 1 and 2 [ ]

I understand that if any of the above information changes I will notify the University of Manchester immediately [ ]  I understand that any false declaration will result in my funding being withdrawn and any accrued fees owed being charged to me personally [ ]  |
| Statement of intent.Please write a maximum of 300 to 500 words using the headings to explain why you wish to access this funded programme.  | 1. Why do you wish to access and undertake units as CPD?
2. What benefit will access to this learning have on the pharmacy services you deliver?
3. What benefit will access to this learning have on your own professional practice?
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🡪Please email this form along with a passport-style photograph to pgtaught.pharmacy@manchester.ac.uk

You can upload this alongside the University online application form or email it separately.