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](mailto:pgtaught.pharmacy@manchester.ac.uk).

**SECTION 1**

|  |  |
| --- | --- |
| 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   |  | | --- | |  | | Please give details of any special requirements or additional support needs as a result  of your disability: | |  | |
| 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? |

🡪Please email this form along with a passport-style photograph to [pgtaught.pharmacy@manchester.ac.uk](mailto:pgtaught.pharmacy@manchester.ac.uk)

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