**Information for Applicants**

**Clinical Pharmacy Practice Programme**



**Certificate / Diploma / MSc in Clinical Pharmacy Practice – Primary Care and Community.**

***Please note that the requirements and paperwork for this particular programme may differ slightly from the instructions given in the online application system guidance (which is generic for all University programmes). Where differences exist, please ensure that you follow the requirements in this document.***

When completing your application form for entry to the Clinical Pharmacy Practice Programme you may find it helpful to refer to these notes.

# Application requirements

It is desirable if applicants have the support of their employer.

Applicants also need to ensure that they have a UK practice base to work within and access to patient notes. We suggest that you have these arrangements in place before you submit your application. Without this support your application cannot be considered.

# Admission for CPD candidates

Applicants should normally have a first degree in a health-related or science subject. However, at the discretion of the Director of Studies, this requirement may be waived if the candidate can demonstrate at least 3 years’ work experience, or if they are not intending to undertake the assessment associated with the unit.

# Accreditation of Prior Learning (APL)

Applicants who have studied units from postgraduate programmes offered by other institutions, but who have not completed that programme and received an award, may be eligible to transfer credit for this prior learning. Contact the Administration Team for more details. Please complete Form CT1 (located at the end of this document) to apply for credit transfer.

# Accreditation of Prior Experiential Learning (APEL)

Applicants who have studied courses/programmes that are non-credit bearing and are able to demonstrate that the learning outcomes mirror those of the programme being applied for, may be eligible to go via the APEL route. Contact the Administration Team for more details. Please complete Form CT1 (located at the end of this document) to apply for unit exemption.

# Additional Paperwork

For all applicants, please upload: a copy of your undergraduate degree certificate; your transcript including an explanation of the grading system used (if available); your GPhC registration certificate; and evidence of English Language ability (if applicable), when applying online. Please also ensure that you have forwarded the reference forms to your designated referees, who should complete and preferably return them directly to the University, observing the application deadline. Alternatively, the forms can be returned to you for upload to the online application system.

**Completing your Professional (Employer) and Academic References**

You must submit one academic and one professional (employer) reference with your application. The necessary forms can be found at the end of this document. Your academic referee should ideally be your personal tutor at the university from which you graduated but, if this is not possible, there are a number of ways to meet this requirement which are (in order of preference): Undergraduate tutor; Pre-registration tutor; CPPE/CPD tutor/facilitator; a second professional/employer reference with the focus on your ability to study at Masters level.

Your professional referee should ideally be your employer/line manager and cannot be the same person as your academic referee. Please ensure you complete the Personal Information section at the top of the form before forwarding to your referees. You should also confirm name and contact details for your referees in Section 9 of the Online Application Form. Once completed by the referee, these forms can either be returned to you for upload to the online application system or can be submitted directly by the referee to <ap3t-admin@bath.ac.uk>.

# Entry and Language Requirements

* Applicants need to be registered with the General Pharmaceutical Council (GPhC) or PSNI as a practising pharmacist.
* Applicants whose first language is not English will need an IELTS score of at least 7.5 overall with no less than 7 in all categories. If you have studied a degree in the UK, this is sufficient evidence of your language proficiency.
* University regulations require that we see the original copy of your undergraduate degree certificate, transcript, GPhC certificate, and any documentation to verify your residency status (if applicable)

**Admissions for Pharmacists working/planning to work in the NHS**

If you are working in or plan to work in the NHS, we follow the NHS Values Based Recruitment Guidance. We strongly believe in the NHS values and will be looking for them in our applicants and patient representatives.

All applicants will be assessed on individual merit as well as their understanding and practice of NHS values in pharmacy. Assessment may take a variety of forms and may include an interview. We strongly encourage all applicants to read the NHS Constitution before interview. Read the NHS Constitution at <https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england>.

**Completing the Online Application Form**

## Personal Details

When completing this section please be sure to provide a daytime contact number and email address you check regularly to help us to contact you quickly.

## Funding Arrangements

Please indicate how you intend to fund your study.

## Your Education

Please provide details of your formal education achievements and of any relevant training courses that you may have undertaken in recent years.

## Professional Experience

Please provide information about your current and previous relevant employment and details of your GPhC/PSNI Registration.

## Your English Language Proficiency

If your first language is not English, then you will need to complete this section and provide details of your performance in the IELTS tests, unless you have taken a degree in the UK.

Personal Statement

We are keen to understand your interests in, and motivations for, undertaking further study. Please describe these in a personal statement containing a minimum of 250 (maximum of 500) words. You may attach your response as a separate sheet if filling in a paper application.

## Equality of Opportunity

We need to monitor our equal opportunities policy and ask that you complete this section of the form.

## Why Bath?

Please indicate how you heard about this programme and what influenced you to study at Bath.

Additional Support Needs

We welcome applications from people who require additional support with their study and consider their applications on the same academic basis as those from other applicants. If you do have additional support needs, you are strongly encouraged to contact the Disability Advice Team on **01225 385538 or** email[disabilityadvice@bath.ac.uk.](mailto:disabilityadvice@bath.ac.uk.)

Criminal Convictions

## We are required to collect this information

## Declaration

Please complete this mandatory declaration.

**When to Apply**

Please visit the website for up-to-date information and deadlines: <http://www.bath.ac.uk/study/pg/programmes/clin-phar-prac-prim-care-and-comm/>

**Outcome of the Admissions Panel**

All candidates will be notified of the decision of the University as soon as possible in advance of the start of the programme. Please note that all elements of the application must be submitted on time for you to be considered for a place on the programme. If the demand for places is greater than the number of places available, then the admissions panel will review applications following agreed selection criteria.

# Queries, Questions and Further Information?

If you would like to discuss your application or aspects of the application process and deadline, please contact: **the Administration team on** [**ap3t-admin@bath.ac.uk**](mailto:ap3t@bath.ac.uk) **or call the Programme Administrator on 01225 387502**

**Information for Applicants**

**Clinical Pharmacy Practice Programme**



**ACADEMIC REFERENCE FORM**

We have received an application from a student who wishes to join the Clinical Pharmacy Practice Programme and they have given your name as someone who would be willing to provide an academic reference for them. The details of the student are presented below.

***Please complete sections two and three of this form and return it to:***

**Rachael Kennedy** l **Programme Administrator** l **Advanced Programmes in Pharmaceutical Practice & Therapeutics** l **Department of Pharmacy & Pharmacology** l **University of Bath** l **Bath BA2 7AY**

**Alternatively, you can email it to:** [**ap3t-admin@bath.ac.uk**](mailto:ap3t-admin@bath.ac.uk) **tagged as CONFIDENTIAL**

Please note that in accordance with the recent amendments to the Data Protection Act we may be required to provide a copy of this reference to the applicant named below if requested to do so.

**Section One – About the applicant**

*(PLEASE COMPLETE IN CAPITALS)*

Surname or Family Name

First Names

Day time telephone number Mobile telephone number

Email address

**Section Two – About the Referee**

*(PLEASE COMPLETE IN CAPITALS)*

Name:

Position/Job Title:

In what capacity did you know the applicant?

**Section Three – Reference**

Please provide a statement about the academic credentials of the above named student, along with an assessment of their ability to undertake a programme of higher education as outlined above.

**Section Four - DECLARATION**

I confirm that the information contained within this application is accurate.

Signed Date

**Information for Applicants**

**Clinical Pharmacy Practice Programme**



**EMPLOYER REFERENCE FORM**

We have received an application from a student who wishes to join the Clinical Pharmacy Practice Programme and they have given your name as someone who would be willing to provide a professional reference for them. The details of the student are presented below.

**Please complete sections two, three and four of this form and return it to:**

**Rachael Kennedy** l **Programme Administrator** l **Advanced Programmes in Pharmaceutical Practice & Therapeutics** l **Department of Pharmacy & Pharmacology** l **University of Bath** l **Bath BA2 7AY**

**Alternatively, you can email it to: ap3t-admin@bath.ac.uk tagged as CONFIDENTIAL**

Please note that in accordance with the recent amendments to the Data Protection Act we may be required to provide a copy of this reference to the applicant named below if requested to do so.

Section One – About the applicant

*(PLEASE COMPLETE IN CAPITALS)*

Surname or Family Name:

First Names:

Day time telephone number Mobile telephone number

Email address

Section Two – About the Referee

*(PLEASE COMPLETE IN CAPITALS)*

Name:

Position/Job Title:

In what capacity do you know the applicant?

Section Three– Financial Support for this programme

If you are providing financial support for the applicant on this programme, can you please provide details of the extent of this support and the name and address to which invoices should be sent.

* This institution will support the above-named applicant’s tuition fees
* This institution will support the above-named applicant’s workshop accommodation & subsistence costs

Name of sponsoring organisation:

Address for invoices:

Any other relevant information (Purchase Order etc.)

Section Four – Reference

Please provide a statement about the professional competencies as a Pharmacist of the above-named student, along with an assessment of their ability to undertake the programme as outlined above.

Section Four – Reference continued….

Section Five –DECLARATION

I confirm that the information contained within this application is accurate.

Signed Date

**Information for Applicants**

**Clinical Pharmacy Practice Programme**



**FORM CT1 – APPLICATION FOR CREDIT TRANSFER**

Section One – About the applicant

*(PLEASE COMPLETE IN CAPITALS)*

Surname or Family Name:

First Names:

Day time telephone number Mobile telephone number

Email address

Please indicate which type of credit transfer you wish to be considered for (if it is both, please indicate by ticking both boxes). Please note that you can only transfer up to 50% of the award (PG Certificate, Diploma or MSc) that you are applying for (e.g. a PG Certificate is worth 60 credits so you could only transfer up to 30 credits):

**🗆 I wish to apply for APL (Accreditation of Prior Learning) i.e. University Credit – please go to Section Two**

**🗆 I wish to apply for APEL (Accreditation of Prior Experiential Learning) e.g. PCPEP – please go to Section Three**

Section Two – About your Previous Study

Please provide us with details about the previous study you have undertaken for which you have received credit. Please only include information on programmes/courses that are postgraduate (M) in level and that are relevant and credit bearing. If you are not sure about the level of the award or the amount of credit you have accumulated, please contact the awarding institution for clarification.

Title of Course/Programme attended:

Name and Address of awarding institution:

Title of final award received (if relevant):

Name of Tutor or Director of Studies for Course:

Date of Award of Credit or completion of programme:

Specific Details of modules/units/subjects studied:

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| --- | --- | --- | --- | --- |
| **Title of module** | **Date assessment completed** | **Mark** | **Credit** | **Level\*** |
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\* FHEQ level, e.g.: Intermediate or Masters level. If unsure, please consult the awarding institution

Please attach copies of the following information:

* The transcript summarising your performance on the above programme
* The relevant sections of the course handbook / brochure giving details of the content of the course
* Any final award/certificate presented (if applicable)

If you do not have any of the above documentation, we may not be able to process your request for credit transfer to the Clinical Pharmacy Practice Programme.

Section Three – About your Previous Experiential Learning

Please provide us with a brief description of the experiential learning that you wish to be considered for APEL:

|  |  |  |
| --- | --- | --- |
| **Title of course/learning completed** | **Date completed** | **Learning Provider** |
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* I have attached my Certificates of Completion and confirm that I wish to submit a portfolio of work to demonstrate my previous learning

Section Four - DECLARATION

I confirm that the information contained within this application is to the best of my knowledge and belief correct. I understand that any offer of exemption from credit that I may receive from the University will be based upon the information given in this form, and that if I am found to have given false information, the credit exemption may be withdrawn.

Signed Date

**Submitting your Application for Accreditation of Prior Learning (APL)**

When you have completed and signed this form please upload it, along with the appropriate attachments, to your applicant tracker.

Once your application has been received, it will be considered by the APL committee for the programme. You will be notified of the decision of this committee as soon as possible. The decision of this committee is final and there is no process of appeal.

You should submit this application for exemption along with your full application to join the programme. Any delay in receiving this form may affect the amount of accreditation of prior learning that you can receive.

**Submitting your Accreditation of Prior Experiential Learning (APEL)**

When you have completed and signed this form please upload it, along with the appropriate attachments, to your applicant tracker.

Once your application has been received, it will be considered by the APEL committee for the programme. You will be notified of the next steps as soon as possible. The decision of this committee is final and there is no process of appeal.

New applicants should submit this application for exemption along with a full application to join the programme. Any delay in receiving this form may affect the amount of accreditation of prior experiential learning that you can receive.