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
Applicants must be supported by their employer (through submission of a completed Employer Reference Form).

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
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 Programme Office for more details. Please complete Form CT1 (located at the end of this document) to apply for credit transfer.

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) – see Entry Requirements below; when applying online. Please bring the original documents of these to the induction workshop for verification. 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 Employer and Academics References
You must submit one academic and one 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, through consultation with the Programme Office, a pre-reg tutor is acceptable. Your employer referee must 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 the Programme Office.

**Entry and Language Requirements**

- Applicants need to be registered with the General Pharmaceutical Council (GPhC) or PSNI as a practising pharmacist. We prefer applicants to have been in practice for at least six months following their pre-registration year, but some flexibility may be possible in exceptional circumstances.
- 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.
- 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) – please bring these with you to the induction workshop and upload copies when you apply online.

**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](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 information 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.

**Personal Statement**

We are keen to understand your interests in, and motivations for, undertaking further study. Please describe these in this section. You may attach your response as a separate sheet if filling in a paper application, but please do not exceed 250 words.

**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.

Special Needs
We welcome applications from people with special needs and consider their applications on the same academic basis as those from other applicants. If you have special needs, you are strongly encouraged to contact the Disability Advice Team on 01225 385538 or email 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/ or contact AP3T@bath.ac.uk or call the Postgraduate Office on 01225 383206.

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:

Nicholas Haddington | Director of Taught Postgraduate Programmes | N.J.Haddington@bath.ac.uk

Or the Admin team on ap3t@bath.ac.uk Advanced Programmes in Practice and Therapeutics, University of Bath | Department of Pharmacy & Pharmacology | Bath BA2 7AY
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:

Di Pullin  Postgraduate Officer  Advanced Programmes in Pharmaceutical Practice & Therapeutics
Department of Pharmacy & Pharmacology  University of Bath  Bath BA2 7AY

Alternatively, you can email it to:  ap3t@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 ____________________
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:

Di Pullin  Postgraduate Officer  Advanced Programmes in Pharmaceutical Practice & Therapeutics
Department of Pharmacy & Pharmacology  University of Bath  Bath BA2 7AY

Alternatively, you can email it to: ap3t@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 __________________________
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 ________________________________

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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<th>Title of module</th>
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<th>Credit</th>
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* FHEQ level, e.g.: Intermediate or Masters level. If you are not sure of the level 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.

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Section Three - 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 ____________________________

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**Submitting your Application for Accreditation of Prior Learning**

When you have completed and signed this form please send it, along with the appropriate attachments, to:

**Admin Team**  **Advanced Programmes in Pharmaceutical Practice & Therapeutics**  
Department of Pharmacy & Pharmacology  University of Bath  Bath BA2 7AY  ap3t@bath.ac.uk

Once your application has been received it will be considered by the Accreditation of Prior Learning Committee of 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.