

Information for Applicants

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

When to Apply

Please check the website for the **CPD unit start date**: go.bath.ac.uk/minor-ailments. Select the preferred regional option from the 'Apply now' links. We have a choice of three:

- Bath
- London
- Dorset/South Coast

Entry and Language Requirements

- You need to be registered with the General Pharmaceutical Council (GPhC) as a practising pharmacist.
- To be eligible for tuition fee funding, applicants are required to be in current employment in community pharmacy or Health and Justice pharmacy services (provided by NHS, private organisations or acute trusts) for a minimum of 0.4 WTE (15 hours per week).
- You will need the support of your employer (submit the Employer Support Form included in this document with your online application). Alternatively, a letter of support for multiple applicants can be supplied on headed paper to accompany online applications
- You will also need to confirm the services you are contracted to offer, and that you meet HEE funding criteria (submit the Supporting Evidence Form included in this document with your online application)
- 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
- You will also need to provide documentation to verify your residency status (if applicable), please bring this with you to the induction workshop

Accredited CPD or the Postgraduate Certificate route?

You can enrol as a 'CPD' participants completing a range of individual courses tailored to your learning needs and workplace needs. However, this would not lead to a Postgraduate academic award.

If you want to apply for the Postgraduate Certificate award course, we will need to see your undergraduate degree certificate, transcript and other documentation. You can either do this when you apply online or bring the paperwork with you to the Induction (original degree certificates & transcripts will need to be brought to the Induction workshops by all applicants).

Accreditation of Prior Learning

Pharmacists who have studied units from other PhIF funded postgraduate programmes offered by other universities, but who have not completed that programme and received an award, may be eligible to transfer credit for this prior learning. Contact the Pharmacy Postgraduate Courses Team for more details.

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

Select 'Other' box and comment HEE funding.

Your education

No education certificates are required when applying for **CPD study**.

If you are applying to join the **Postgraduate Certificate** award course, to save you time in the future, you may choose to complete this section uploading your documents to the online application.

Professional experience

Please enter your GPhC registration number and complete the 'Experience 1' section giving details of your current employment. In 'Your responsibilities' box please indicate the number of hours you work each week in a patient facing role.

No CV is required when applying for **CPD study**.

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

Please indicate, in **at least 250 words**, why you want to take this postgraduate course, the benefits it will bring to the community pharmacy services you deliver and how the learning will benefit your own professional practice.

Referees

Employer: please upload a scanned copy of your Employer's Support form.

Academic references are not required, when applying for **CPD study**. You may include academic references at the time of applying for the Postgraduate Certificate route.

Why Bath?... Contact from former Bath students... Agents...

Please let us know how you heard about this course.

Equal opportunities

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

Disability Support

We welcome applications from people with disabilities and/or long-term health conditions and consider their applications on the same academic basis as those from other applicants. If you have a disability/long term health condition, 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

Document upload summary

This does not require uploads when applying for **CPD study**.

Declaration

Please complete this mandatory declaration and submit your application.

We want to ensure that courses funded by the NHS Pharmacy Integration Fund give pharmacists and pharmacy technicians the opportunity to successfully gain skills, knowledge and experience through education and training. We may therefore access and review students' data and seek students' views and experience of the courses, in order to evaluate the courses and training and understand what works and what could be improved. The evaluation work will be led by NHS England but NHS England may contract with third parties to undertake this work. To support this work, students will be asked to consent to their personal data **including demographic data, contact information, and data on course completion** being shared with the evaluation team, in line with the General Data Protection Regulation (GDPR) and Data Protection Act 2018. Students will also be asked to consent to the evaluation team utilising their contact information to make contact with them to obtain feedback and to invite them on occasion to provide more in-depth feedback via workshops, focus groups or written case studies. For this reason, as part of your application we ask that you consent for the sharing of your information for the purposes described above.

What happens next...

All applicants will be notified of the decision of the University as soon as possible in advance of the start of the course. All course entry requirements must be met 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.

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. Read the NHS Constitution at <https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england>.

Queries, Questions and Further Information?

If you would like to discuss your application or aspects of the application process and deadline, please contact:

University of Bath

Pharmacy Postgraduate Courses Team

Phone: +44 (0)1225 383206

Email: ap3t@bath.ac.uk

University of Bath, Department of Pharmacy
& Pharmacology, Bath BA2 7AY

Employer Support Form – University of Bath

Please indicate the applicant's main practice base area:

- South West and South Central** (B&NES, Berkshire, Bristol/North Somerset/South Gloucestershire, Buckinghamshire, Cornwall, Devon, Dorset, Gloucestershire, Hampshire/IOW, Oxfordshire, Somerset, Wiltshire)
- London and South East** (Kent, Surrey, Sussex)
- Midlands and North** (West & East Midlands, Yorkshire & The Humber, North West, North East)

APPLICANT (PLEASE COMPLETE IN CAPITALS)

Surname or Family Name: _____

First Names: _____

Tel (day time): _____ Mobile: _____

Email: _____

EMPLOYER (PLEASE COMPLETE IN CAPITALS)

If you work in the Health & Justice sector please ensure this is completed by your Head of Healthcare support

Company: _____

Name: _____

Position/Job Title: _____

Email: _____ Tel: _____

Address: _____

Postcode: _____

DECLARATION

I confirm that I support this applicant during their studies on the fully funded Post Registration Courses including releasing them for the necessary workshops and providing support to enable them to complete relevant work-based activities.

Signed _____ Date _____

Please complete and return this signed letter to the applicant to scan and include with their online application. Alternatively, you can email it to ap3t@bath.ac.uk tagged as CONFIDENTIAL.

Supporting evidence for funding for community pharmacist post-registration training through the Pharmacy Integration Fund.

Please complete this form and upload with your online application:

| | |
|--|--|
| Full name of applicant | |
| GPhC registration number | |
| Employment | <p>Please indicate if you are:</p> <p><input type="checkbox"/> Employed by a community pharmacy</p> <p><input type="checkbox"/> A locum pharmacist in community pharmacy</p> <p>Please indicate the type of community pharmacy role you have:</p> <p><input type="checkbox"/> Community</p> <p><input type="checkbox"/> Health & Justice sector</p> <p><input type="checkbox"/> Hospital out-patient department</p> <p><input type="checkbox"/> Within a GP practice/primary care health centre</p> <p><input type="checkbox"/> Other, please specify: _____</p> |
| Contracted hours per week | <p>Applicants are required to be in current employment in community pharmacy or Health and Justice pharmacy services (provided by NHS, private organisations or acute trusts) for a minimum of 0.4 WTE (15 hours per week).</p> <p>_____ hours per week</p> |
| Services that you offer | <p>Please state the services that you are personally accredited to provide e.g. Medicines use review (MUR), New medicines service (NMS), or working as part of a Level 1 (or above) Healthy Living Pharmacy:</p> |
| Confirmations to meet HEE funding criteria (please tick) | <p><input type="checkbox"/> I commit to share information and participate in the development of case studies to demonstrate the impact of my role as part of the transformation of pharmacy services (and consent for this information to be shared with third parties, e.g. Health Education England, NHS England and anyone appointed by NHS England to undertake evaluation).</p> <p><input type="checkbox"/> I commit to be part of a future evaluation of the impact of my new skills on service delivery.</p> <p>I confirm that I am not enrolled on any of the following NHS England Service Pathways:</p> <p><input type="checkbox"/> Integrating Pharmacy into Urgent Care</p> <p><input type="checkbox"/> Pharmacy Integration in Care homes</p> <p><input type="checkbox"/> Clinical Pharmacists in General Practice Phase 1 and 2</p> <p><input type="checkbox"/> I understand that if any of the above information changes I will notify the University of Bath immediately.</p> <p><input type="checkbox"/> I understand that any false declaration will result in my funding being withdrawn and any accrued fees owed being charged to me personally.</p> |

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| Fitness to practise | <input type="checkbox"/> I confirm that I am currently fit to practise in accordance with the GPhC requirements. |
| Course Options | <p>Unit choices – please indicate which route you are likely to study:</p> <p><input type="checkbox"/> I am planning on studying the 2 compulsory units (Professional Skills for Medicines Optimisation & Evidence Based Pharmacy Practice), followed by the 3 recommended optional units (Managing Long Term Conditions 1, 2, and 3)</p> <p><input type="checkbox"/> I am planning on studying the 2 compulsory units (Professional Skills for Medicines Optimisation & Evidence Based Pharmacy Practice), followed by 3 optional units of my choice</p> <p><input type="checkbox"/> I am planning on taking a stand-alone CPD unit</p> |
| Credit transfer | <p>Please indicate whether you would like to be considered for credit transfer (for PG Cert & Dip applications only) - the admin team will contact you with further information</p> <p><input type="checkbox"/> I have completed Independent Prescribing</p> <p><input type="checkbox"/> I have another credit-bearing qualification. Please give further details below:</p> |
| Applicant | <p>Signature:</p> <p>Date:</p> |