

**Pharmaco Pre-registration Pharmacist Training Programme 2017-2018**

***Please complete this form in blue or black ink and in CAPITALS***

**Trainee details**

|  |  |
| --- | --- |
| **Title:** Mr / Mrs / Miss / Ms | **Gender:** Male / Female |
| **Full Name (as registered with GPhC):** | **First Name:** |  |
| **Last Name:** |  |
| **Preferred Name (if different to first name above):** |
| **Personal email address\*:** |
| **Home address:** |
| **Post code:** | **Tel:** |
| **Date of Birth:** | **Are you registered disabled?** Yes / No |
| **Do you consider yourself to have a disability?** Yes / No |
| **Do you wish to discuss any needs for additional support with a member of Buttercups staff?** Yes / No |
| **Ethnicity (select ONE only):** |
| **Asian or Asian British:** Chinese / Bangladeshi / Indian / Pakistani / Other Asian Background |
| **Black or Black African:** African / Caribbean / Other black background |
| **White:** British / Irish / Other white background |
| **Mixed:** White and Asian / White and black African / White and black Caribbean / Any other |
| **Please enter the school of pharmacy that you attend/attended:** |

***\*E-mails will be sent throughout the preregistration year - please provide an e-mail address you access regularly (university e-mail addresses will not be accepted).***

**Workplace details**

|  |
| --- |
| **Company name:** |
| **Company address:** |
| **Post code:** | **Tel:** |
| **E-mail address:** |
| **What are the average number of hours that the trainee is working per week?** |

**Dietary Requirements:**

**Details of Dietary Requirements:**

**Intended start date for Pre-registration Training**

|  |  |
| --- | --- |
| **I will start my pre-registration training on** |  |

**Preferred day for trainee to attend study days**

|  |
| --- |
| Weekday |
| Saturday  |

**Requirements for the course**

Parts of this programme will be delivered via webinar. This will require the trainee to have access to a computer/tablet with a webcam and good internet connection, during the working week.

**Please indicate below where the trainee will complete the webinars:**

|  |
| --- |
| Home |
| Pharmacy (quiet location) |
| Other e.g. library, local internet cafe |

**Data protection consent:**

Under UK and European Data Protection legislation, data from which living individuals can be identified are classed as 'personal data'. The handling of personal data has to comply with legal requirements covering such things as the way in which this information is acquired, how it is processed and the extent to which it is disclosed or transferred to others. Buttercups Training needs to store data about you and your course progress.

The data you provide on this form will be used by Buttercups Training for administrative and statistical purposes. By submitting your personal data you are giving your consent for it to be used for these purposes. It will be used in accordance with the relevant legislation, including the Data Protection Act 1998. If you have any questions about the use of the data collected here or other personal information, please contact Buttercups Training on 0115 937 4936.

I hereby give my consent to the storage of personal information about me and my course progress. I understand that this information may remain available and in storage after I have finished my course of study.

|  |
| --- |
| **Name of Trainee:**  |
| **Signature of Trainee:** |
| **Date:** |

**Pre-registration Tutor Information**

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| **Name of Pre-reg Tutor:** |
| **\*Personal email address of tutor:** |
| **Registration number:** |
| **Signature of Tutor:** |

If there is a joint tutoring arrangement in place please give details of the second tutor below:

|  |
| --- |
| **Name of Pre-reg Tutor:** |
| **\*Personal email address of tutor:** |
| **Registration number:** |
| **Signature of Tutor:** |

***\*The e-mail address(es) will be used for general correspondence and to provide feedback on your trainee in early 2018.***

**What happens next?**

Send your completed form to:

**Email**: info@pharmaco.co.uk