

# Application Form for Non-Medical Prescribing Course (V300)

Please type answers and tick boxes  as appropriate.

## Instructions and Information

- Return this form at least 5 weeks prior to course commencement to: [healthfundingadmissions@shu.ac.uk](mailto:healthfundingadmissions@shu.ac.uk)
- If an application is missing information or the module leader has questions or concerns about any part of the application, it will be returned to the applicant for further details

All signatures throughout the form wherever prompted must be completed by hand by all parties

## How to apply

- All application forms and course information can be found here:  
Level 7 : [www.shu.ac.uk/study-here/options/health-and-social-care/short-courses-and-modules/nonmedical-prescribing-v300--level-7](http://www.shu.ac.uk/study-here/options/health-and-social-care/short-courses-and-modules/nonmedical-prescribing-v300--level-7)  
Level 6: [www.shu.ac.uk/study-here/options/health-and-social-care/short-courses-and-modules/nonmedical-prescribing-v300--level-6](http://www.shu.ac.uk/study-here/options/health-and-social-care/short-courses-and-modules/nonmedical-prescribing-v300--level-6)

## Funding route

### Who will be funding your tuition fees? (Tick applicable)

Self-funding  Employer funded  Workforce Development Fund  Apprenticeship

Comments on funding if applicable:

## Level applying for

Level 6  Level 7 Please note Aesthetic Practitioners (including professionals wishing to prescribe botox etc.) and HCPC registrants must study this module at Level 7.

## Cohort applied for

September  January

Year commencing

**ALL** Announced course dates (10 mandatory taught days) have been acknowledged and can be attended  Yes  No\*

## 1. Funded Routes ONLY to complete

I confirm that the Trust or Organisation named below has authorised the person named on this form to receive funding for the courses listed above.

Name of Trust or Organisation

Signature of Line Manager

Print name

Date

Email

@

## 2. Applicants - Please Complete

Title (Mr, Miss, Mrs, Ms, Dr, Mx. etc)

Family name

First name(s)

Name as it appears on the register:

Date of birth

  

Previous family names

Address

Home/Correspondence address

Line 1

Line 2

City

Postcode (UK only)

Email

**Telephone numbers** (please include full country and area code)

Mobile

Work Telephone number

Profession

Regulatory Body Registration Number (NMC/HCPC)

**Have you ever started a prescribing course before?**

(If YES, please give details of previous application/reason for withdrawal of study and University)

 Yes No

## 3. Nationality and immigration

Country of birth (the country where you were born)

Nationality (which country issues your passport)

Country of domicile (the country where you are permanently resident)

Do you require a visa to study in the UK?

 Yes No

State type of visa (eg Student)

If no, do you already have a visa?

 Yes No

**If you answer yes to the above question please attach a copy of your passport**

**If you answer no to the above question please go to section 4**

Have you previously studied in the UK?

 Yes No

Are you currently in the UK?

 Yes No

When did you first enter the UK?

  

If yes, what visa do you currently hold

Have you ever been refused a visa for entry into the UK

 Yes No

If yes, please provide refusal documentation

Have you ever been refused entry into the UK

 Yes No

If yes, please provide refusal documentation

Have you ever been subject to any notice, or removal from the UK by the Home Office, due to overstaying leave to remain?

 Yes No

If yes, please provide refusal documentation

## 4. English language

Is your first language English?  Yes  No

If no, do you hold any English language qualifications?  Yes  No

Please attach copies of all English language certificates

Would you like to be considered for our Pre-sessional English for Academic Purposes course?  Yes  No

### Applications for postgraduate courses and research degrees only

Was English the language of instruction for your first degree?  Yes  No

If yes please provide details of your previous study in section 6 of the application.

## 5. Criteria for non-medical prescribing training

Applicants: Please ask your line manager to complete this section or if you are self-employed please self-declare. This information is needed to confirm applicant eligibility and fulfil professional body audit requirements.

If you are self-employed or a non-NHS employed registrant you will need to sign this as a self-declaration. The following criteria will also apply:

- You will be required to have a Practice Assessor (DPP) who prescribes in the same clinical area as you intend to practice, for example if you are an aesthetics practitioner then you will need to be assessed by a DPP prescribing in aesthetics.
- As part of the application process the professional register will be checked to ensure current registration

### Meeting Service or Patient Need

A service or patient need has been identified which will benefit from non-medical prescribing  Yes  No

The service or patient need requires non-medical prescribing rather than PGD use for supply and/or administration  Yes  No

I can confirm that I have a satisfactory enhanced DBS check (or equivalent in Scotland) which has been obtained within three years of the programme start date  Yes  No

If the answer is answers no to the above questions, tick to confirm that they have included a copy of their DBS check within the last 3 years.  Yes  No

### Organisation Support: Pre-Course

Students undertaking a blended learning programme must be given 10 days or 60 hours protected learning time **in addition** to the ten face to face taught days at University to enable them to develop their skills and competencies as an independent/ supplementary prescriber and complete the e-learning element. Students undertaking a wholly distance learning programme must be given the equivalent total protected time. Protected learning time is defined as the required teaching time and a period of 10 days or 60 hours of focused learning to meet the defined content of this programme where the applicant must not be counted in their employer's staffing numbers. This learning may take place in either practice or academic setting as appropriate to the content of learning. In addition to this, the employer must endeavour to support the students 90 hours of practice learning where reasonably applicable.

- Applicant completed "Preparing to Prescribe" toolkit [www.surreytoolkit.uk](http://www.surreytoolkit.uk)  Yes  No
- The individual is in a role which will enable them to commit to a long-term prescribing role  Yes  No
- A prescribing budget is agreed and available to initiate a prescribing role on qualification  Yes  No
- Any cross boundary prescribing and budget issues resolved  Yes  No
- Service continuity issues utilising non-medical prescribers addressed  Yes  No
- The applicant will inform the programme leader as soon as possible if there is any change to their fitness to practice status during their time as a student at SHU  Yes  No
- Line management support has been agreed  Yes  No
- Relevant clinical lead(s) have agreed to support non-medical prescribing in the defined area(s)  Yes  No
- Support of the organisational non-medical prescribing lead has been agreed  Yes  No
- Support of a Designated Prescribing Practitioner has been agreed  Yes  No
- Assessor meets the criteria to act as a Designated Prescribing Practitioner (DPP): see section 5 **DPP: a registered healthcare professional and an experienced prescriber with suitable equivalent qualifications for the programme the student is undertaking. DPP Competency Framework**  Yes  No
- Suitable separate Practice Supervisors have been identified  
Practice Supervisor: a registered health and social care professional working in a practice environment, who is adequately prepared and supported to take up their role and have up-to-date knowledge and experience relevant to the student they are supervising  Yes  No
- If Practice Supervisor and DPP are the same person then suitable evidence is available to justify this  Yes  No
- Arrangements have been made for release of the individual for training and these are agreed with the employing organisation  Yes  No
- The individual is able to attend the chosen course  Yes  No
- The individual has agreed to undertake the training and can attend all the university study days  Yes  No
- Funding for backfill and travel can be identified within the organisation, if necessary  Yes  No
- Individual can access support from experienced non-medical prescribers as required  Yes  No

### Organisation Support: Post Course

- Individual can access peer support as required  Yes  No
- The organisation can assist the individual to maintain their Continuous Professional Development (CPD)  Yes  No
- Audit and evaluation processes for non-medical prescribing are in place  Yes  No
- Prescribing practice can be built into the individual's Professional Development Review (PDR) and Job descriptions and contracts can be updated  Yes  No
- Mechanisms to assess continued competence are in place  Yes  No

### Applicant Suitability

- Is this profession eligible for training as a supplementary and/or independent prescriber?  Yes  No
- Is this individual registered with a professional body?  Yes  No

The individual has the appropriate post-registration experience in the relevant speciality  Yes  No

The individual has sufficient therapeutic knowledge and skills in their chosen area to enable them to practice safely  Yes  No

The applicant understands that successful completion of an accredited course is not a guarantee of annotation, or of future employment, as a Non-Medical prescriber  Yes  No

The individual is capable of safe and effective practice at a level of proficiency appropriate to the programme of study/intended area of prescribing practice in the following areas:

• Clinical/health assessment  Yes  No

• Diagnostics and care management  Yes  No

• Planning and evaluation of care  Yes  No

The individual is able to study at the required level to fulfil the course requirements  Yes  No

The individual is able to demonstrate the required level of numeracy to fulfil course requirements  Yes  No

Applicant signature  Date

Line Manager signature   
Line Manager Name   
Line Manager position   
Date

## 6. Non-medical prescribing placement audit

Student name

Cohort

Work address

Line 1

Line 2

City

Postcode (UK only)

Telephone

Email  @

Practice area address (ward department) where student will do their practice learning. If they work in more than one ward/department give the area where they will do the majority of practice learning and be supported by you (their Practice Assessor) and a suitable Practice Supervisor/s

Does this practice area currently support pre-registration healthcare students (i.e. nursing, physiotherapy, paramedics, radiography, dieticians, podiatrists etc)?  Yes  No

Does the practice area undergo any formal inspections i.e. CQC, OFSTED, NHS England etc (please specify)?

If yes to the above question what was the date and outcome of the last inspection?

**Standard 1: There are staff available with the necessary qualifications, time and resources to facilitate student learning and support (Please tick to confirm).**

DPP meets the guidance given by the Royal Pharmaceutical Society (RPS) Competency Framework  Yes  No

Assessor Qualifications Provided and confirmed from Student Application Form  Yes  No

Practice Supervisors meet the guidance given by the RPS Competency Framework and NMC/HCPC Standards  Yes  No

Confirmed from **Student Application Pack**  Yes  No

**Standard 2: Practice is carried out in accordance with recognised professional standards, local and national policies**

There is access to and practice in accordance with most recent NMC and HCPC documents and/or other professional guidelines, including the RPS Framework  Yes  No

**Standard 3: The placement provides a learning environment that meets learners needs**

There is access to a range of clients within the student's field of future prescribing practice  Yes  No

**Standard 4: The placement offers experiences which facilitate student achievement of learning outcomes at specified levels**

There are opportunities to achieve the course learning outcomes in areas of prescribing practice  Yes  No

There are opportunities to undertake multidisciplinary teamwork in relation to prescribing practice  Yes  No

Students Manager has completed the 'criteria for Non-Medical Prescribing Training'  Yes  No

**Assessor to complete:**

I confirm that I have received the Assessor Handbook, and believe that the applicant's practice area will provide a suitable learning environment to enable achievement of the stated module learning outcomes

Assessor Signature

Date

Student Signature

Date

## 7. Supporting information about the supervising Designated Prescribing Practitioner (DPP)

FULL Name of supervising designated prescribing practitioner (DPP)

Healthcare profession & qualifications

Regulatory body

Professional registration number

Outline of the DPPs experience of teaching, supervision and assessment of students

Include any formal teaching training or qualifications, experience of assessing in clinical practice

**Competency Framework for Designated Prescribing Practitioners (DPP) reflects the key competencies needed by all DPPs but should be contextualised to reflect different environments and areas of practice.**

**The practitioner taking on the role:**

### Personal Characteristics

Recognises the value and responsibility of the DPP role

Yes  No

Demonstrates clinical leadership through their practice

Yes  No

Demonstrates a commitment to support trainees

Yes  No

Displays professional integrity, is objective in supervision and/or assessment

Yes  No

Is open, approachable and empathetic

Yes  No

Creates a positive learning culture through their practice

Yes  No

### Professional skills and knowledge

Works in line with legal, regulatory, professional and organisational standards

Yes  No

Is an experienced prescriber (**at least 3 years\***) in a patient facing role

Yes  No

Is an **active** prescriber who consults with patients and makes prescribing decisions based on clinical assessment in a patient-facing role, with appropriate knowledge and experience relevant to the trainee's area of clinical practice

Yes  No

Has up-to-date patient-facing, clinical and diagnostic skills, and evidence of demonstrating competence in an **area of practice relevant to the trainee**

Yes  No

Has knowledge of the scope and legal remit of non-medical prescribing for the prescribing student trainee's profession

Yes  No

### Teaching and training skills

- Has previously supported or supervised other healthcare professionals (not necessarily for prescribing)  Yes  No
- Has knowledge, either experiential or through formal training, of different teaching methods to facilitate learning in practice and adapt to individual student needs  Yes  No
- Articulates decision making processes and justifies the rationale for decisions when teaching or training others  Yes  No
- Has knowledge of a range of methods of assessment and experience of conducting assessment of trainees in clinical practice  Yes  No
- Delivers timely and regular constructive feedback  Yes  No
- Facilitates learning by encouraging critical thinking and reflection  Yes  No

### Working in partnership

- Work with the trainee to establish their baseline knowledge and skills, and jointly create a development plan for meeting learning outcomes  Yes  No
- Regularly assess the trainee at appropriate intervals to guide gradual handover of elements of the process that lead to a prescribing decision  Yes  No
- Work in partnership with the trainee, other practitioners and the programme provider to confirm the competence of the trainee  Yes  No
- Recognise own limits in capacity, knowledge and skills and areas of practice where other practitioners may be better placed to support learning  Yes  No
- Advocate and facilitate a multidisciplinary team (MDT) approach to training by encouraging the trainee to learn from other appropriate practitioners  Yes  No

### Prioritising patient care

- Ensure that safe and effective patient care remains central to practice through effective clinical supervision  Yes  No
- Ensure patients are informed of and consent to trainee presence at consultations  Yes  No
- Identify and respond appropriately to concerns regarding the trainee's practice or behaviour  Yes  No
- Act in the interest of patient and public safety when making decisions on trainee competence  Yes  No

### Developing in the role

- Is open to learn and be challenged and uses feedback from trainee and others, to improve their clinical and supervisory practice  Yes  No
- Regularly reflects on their role as a DPP and the potential for improvement  Yes  No
- Identifies when help is required in DPP role and when, and where, to seek support  Yes  No
- Undertakes and records continuing professional development (CPD) encompassing knowledge and skills that are applicable to the DPP role  Yes  No

### Learning environment

- Will agree to act as DPP to one trainee NMP student per cohort period, irrespective of where the student will be studying (for example SHU or another University)  Yes  No
- IF the answer to previous note is 'NO', (The DPP intends to mentor more than 1 trainee at a time, please contact the course team to request an additional form to complete as part of the application. [helen.davison@shu.ac.uk](mailto:helen.davison@shu.ac.uk))  Yes  No
- Negotiate sufficient time to supporting the trainee throughout their period of learning in practice  Yes  No
- Encourage an environment that promotes equality, inclusivity and diversity  Yes  No
- Create a safe learning culture that encourages participation and open discussion to support learning  Yes  No
- Acknowledges their role and responsibilities within the wider governance structure, including the programme provider, employing organisation, professional regulator and others  Yes  No
- Ensures familiarity with the process of escalating concerns about a trainee, and, where appropriate, engages with this process  Yes  No
- Engages with the employing organisation (or equivalent) to ensure support and resources are available to undertake DPP role  Yes  No



## DPP Experience and CPD

Please briefly describe your prescribing experience, including clinical and diagnostic skills:

\*Have there been any significant periods of time whereby the DPP was not prescribing for this group of patients, or not working, which may affect this **minimum three-year** recent prescribing experience requirement?

Yes  No

If the answer to the question above was 'YES' please describe this period and the circumstances:

The DPP has support of their employer/hosting organisation/practice, to act as a DPP with the ability and authority to provide supervision, support, and opportunities to develop the applicants competence in prescribing practice

Yes  No

Have you been a DPP for a prescribing student before

Yes  No

Are you a non-medical DPP

Yes  No

Would like additional support from SHU in your role as DPP

Yes  No

### DPP Declaration

The information outlined in this application is accurate and complete. I have discussed the requirements of the course with  and agree to provide regular supervision, support and shadowing opportunities to facilitate the achievement of the learning outcomes.

I agree to supervise  in their prescribing role for a period of learning in practice of at least 27 hours of their 90 hours in practice.

I understand that the expectation of any registered health professional practitioner acting in the DPP role is the ability to demonstrate they meet all competencies within the Competency Framework for all Prescribers.

I am familiar with The Royal Pharmaceutical Society's Competency Framework requirements and learning outcomes for the programme.

I have read, understood and agree to my roles and responsibilities as outlined in SHU's DPP Handbook.

I agree to undertake the DPP training package

I have undertaken the relevant CPD/education and training to expand and keep up to date my knowledge and skills within the clinical area/therapeutic area chosen by the applicant above and to undertake this role as a designated prescribing practitioner.

I am in good standing with my regulatory body.

Signature of DPP

Date

### The DPP's employing organisation (if applicable)

Agrees to have a responsibility for the DPP to create an environment in which they can facilitate learning.

Yes  No  N/A

Will ensure that the necessary resource and support is provided to enable the DPP to effectively carry out their role.

Yes  No  N/A

Will ensure that appropriate governance structures to support safe prescribing practice are in place.

Yes  No  N/A

Signature of Line Manager within organisation:

Date

## 8. Education

Your application will be considered on the basis of your education. You should therefore give full and accurate details of your education background in this section. For your application to university, you must include details of all relevant qualifications in date order (Most recent first). Please also list any courses/conferences/study days you have completed that are relevant to your chosen area of prescribing practice.

### QUALIFICATIONS

Examinations or assessments for which results are known (including those failed) and examinations or assessments to be completed, or results not yet published

Start date (DD MM YY)	End date (DD MM YY)	Awarding institution	Award and course title	Result Grade Mark or Band	Language of Instruction





#### 4. Report on the applicant

How long have you known the applicant?

MM	YY
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In what capacity do you know the applicant?

In your opinion is the applicant likely to successfully complete and benefit from the programme of study for which they are applying?

Yes

No

Uncertain/don't know

Please specify the applicant's general suitability to undertake the course(s) including distinct strengths and areas for improvement

Please continue on a separate sheet if necessary

#### 5. Referee's declaration

I confirm that, to the best of my knowledge, the information given in this form is correct and complete

Referee's signature

Print name

Date

### What to do next

Please email completed reference to [healthfundingadmissions@shu.ac.uk](mailto:healthfundingadmissions@shu.ac.uk), please type "reference" in the subject heading of the email

## 10. Data protection statement

### All Applicants – Personal Data

Sheffield Hallam University is a registered data controller and will process your personal data in accordance with the General Data Protection Regulation (GDPR), the Data Protection Act 2018 and other applicable legislation.

The University will use your personal data to process your application and for the purpose of making course offers and entering into a student contract with you. You will receive communications from us that are necessary for the University to process your application, make course offers and prepare for enrolment. The information from your application form will be used to set up a student record on the University's student information (SI) system. The University may contact other institutions to confirm previous qualifications obtained. We may also invite you to provide feedback on your experiences to help us improve our services.

Personal data is never sold to a third party. The University seeks to comply fully with data protection laws and ensures all our contractors and suppliers also comply. **For more information about how your personal data is used and who your data may be shared with, please see our Privacy Notice for Student Applicants: [www.shu.ac.uk/about-this-website/privacy-policy/privacy-notice-for-student-applicants](http://www.shu.ac.uk/about-this-website/privacy-policy/privacy-notice-for-student-applicants)**

### All Applicants – Marketing Options

From time to time the University would like to send you further information that we feel, based on your enquiry, will provide helpful information and advice whilst you are considering applying to university. If you do not want to hear from us, you have the right to object and can unsubscribe from contact by the channels listed below. If you don't want to hear from us please tick all 5 boxes.

I do NOT wish to receive further information by

Post     Text     Phone     Email     Social Media

You can update these options and unsubscribe from mailings at any time by emailing [askhallam@shu.ac.uk](mailto:askhallam@shu.ac.uk). You will automatically be removed from our mailing list after 2 years.

### International Applicants Only

In order to prevent and detect fraud and comply with regulations for international students we reserve the right to, or may be required to, share this information with external organisations such as the police, the Home Office, the Foreign and Commonwealth Office, the UK Visa's and Immigration and local authorities. The University is required to check international students' eligibility to study in the UK. This may require the University to liaise with and exchange data with the Home Office or related Government agencies in relation to students' visa history and/or immigration history, during the admissions process.

I consent to the Home Office, or related Government agency, releasing information about my immigration history to the University for these purposes. This may include sensitive personal data about any orders, warnings, convictions or other penalties relevant to immigration. (Please note that failure to provide consent by ticking the above box may delay the processing of your application.)

If you have a query about how your data is used by the University, or would like to make a complaint about how the University has used your personal data, please contact our Data Protection Officer: [DPO@shu.ac.uk](mailto:DPO@shu.ac.uk). For more information about your data protection rights see: [www.shu.ac.uk/about-this-website/privacy-policy/data-subject-rights](http://www.shu.ac.uk/about-this-website/privacy-policy/data-subject-rights)

## 11. Declaration

Please read and then sign the declaration statement below:

Any offer of a place to study on a course at the University will be made subject to the University's Terms and Conditions and Student Regulations. It is therefore important that you read and understand the University's Terms and Conditions and Regulations. These can be accessed at [www.shu.ac.uk/study-here/terms-and-conditions-and-student-regulations](http://www.shu.ac.uk/study-here/terms-and-conditions-and-student-regulations).

If you provide false, incomplete or misleading information to the University as part of this application, the University may withdraw any offer of a place made to you. Full details of the University's Admissions Regulations can also be accessed at [www.shu.ac.uk/study-here/terms-and-conditions-and-student-regulations](http://www.shu.ac.uk/study-here/terms-and-conditions-and-student-regulations).

If you have any queries about the University's Terms and Conditions or the Student Regulations please contact us at [new-applications@shu.ac.uk](mailto:new-applications@shu.ac.uk) before signing this application form.

I confirm that, to the best of my knowledge:

- the information I have given in this form is true, complete and accurate; and
- I have included all relevant information in this form.

Applicant's  
signature

Date

## What to do next

Return this form at least 5 weeks prior to course commencement to: [healthfundingadmissions@shu.ac.uk](mailto:healthfundingadmissions@shu.ac.uk)

## 12. Disabilities and support needs

If you declare a disability this will not be a factor in the university's decision as to whether or not to offer you a place. However it is important that the University knows if you have any specialist needs in order that we can provide you with appropriate support and facilities.

This information will remain strictly confidential.

Do you consider yourself to have a disability  Yes  No  Prefer not say

Type of disability

- |   |  |
|---|--|
| <input type="checkbox"/> Specific learning disability e.g. dyslexia, dyspraxia etc. | <input type="checkbox"/> Blind/partially sighted             |
| <input type="checkbox"/> Deaf/hearing impairment                                    | <input type="checkbox"/> Wheelchair user/mobility difficulty |
| <input type="checkbox"/> Autistic spectrum disorder/Asperger's syndrome             | <input type="checkbox"/> Mental health difficulty            |
| <input type="checkbox"/> Multiple disabilities                                      | <input type="checkbox"/> Personal care support               |

Unseen disability e.g. diabetes, cancer, epilepsy, asthma etc

Other

Nature of support required

## 13. Equal opportunities monitoring

Ethnic origin

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> White                              | <input type="checkbox"/> Asian or Asian British – Pakistan   | <input type="checkbox"/> Mixed – white and Asian |
| <input type="checkbox"/> Gypsy or traveller                 | <input type="checkbox"/> Asian or Asian British – Bangladesh | <input type="checkbox"/> Other mixed background  |
| <input type="checkbox"/> Black or black British – Caribbean | <input type="checkbox"/> Chinese                             | <input type="checkbox"/> Arab                    |
| <input type="checkbox"/> Black or black British – African   | <input type="checkbox"/> Other Asian background              | <input type="checkbox"/> Other ethnic background |
| <input type="checkbox"/> Other black background             | <input type="checkbox"/> Mixed – white and black Caribbean   | <input type="checkbox"/> Prefer not say          |
| <input type="checkbox"/> Asian or Asian British – Indian    | <input type="checkbox"/> Mixed – white and black African     |  |

Religion

- |                                       |   |                                      |
|---------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Bahá'í Faith | <input type="checkbox"/> Muslim                       | <input type="checkbox"/> No religion |
| <input type="checkbox"/> Buddhist     | <input type="checkbox"/> Sikh                         | <input type="checkbox"/> Pagan       |
| <input type="checkbox"/> Hindu        | <input type="checkbox"/> Any other religion or belief | <input type="checkbox"/> Christian   |
| <input type="checkbox"/> Jewish       | <input type="checkbox"/> Prefer not say               | <input type="checkbox"/> Other       |

Gender

- Male  Female  Other  Prefer not say