



(V150) Preparation for Community Practitioner Prescribing

Please note – You must complete the application form in full and submit the required evidence at the first point of submission. If any part of the application is incomplete, or you have not submitted evidence of Level 6/Clinical Skills your application will be immediately rejected and you will need to apply again. Any application form/evidence submitted up to this point will not be considered. The full list of requirements is below:

Requirement

- A Disclosure and Barring Service (DBS) check within the last three years (Must cover the duration of the time you are studying the module) Please provide certificate number and date.
- Previous academic study at degree level (level 6) within the last three years. – **Please provide some form of evidence e.g.-scanned certificate / results form.**
- Successful completion of a numeracy entrance exam
- A complete application form

If you have any further queries please contact hl.academic.support@northumbria.ac.uk

PERSONAL INFORMATION

APPLICANT FULL NAME:

Please ensure the name given is registered on the NMC or HPC Register

DATE OF BIRTH:

HOME ADDRESS LINE 1:

HOME ADDRESS LINE 2:

HOME ADDRESS LINE 3:

POSTCODE:

TELEPHONE NUMBER:

EMAIL ADDRESS:

NAME AND ADDRESS OF EMPLOYING
TRUST OR ORGANISATION:

AREA OF PRACTICE:

LENGTH OF TIME IN THIS POST:

(Please Note - Applicants must have evidence of level 6 study within 3 years of commencement of the Programme.. Applicants must have the ability to upload evidence of academic qualification)

LEVEL 6 STUDY:

DATE OF LEVEL 6 COMPLETION:

NAME OF INSTITUTION:

PROFESSIONAL QUALIFICATION:

DATE OF PROFESSIONAL QUALIFICATION:

DBS CERTIFICATE DATE:

DBS CERTIFICATE NUMBER:

NMC OR HCPC PIN NUMBER:

MEDICAL SUPERVISOR INFORMATION

NAME:

WORK BASED ADDRESS (**including ward information**)

POSTCODE:

TELEPHONE NUMBER:

EMAIL ADDRESS:

EMPLOYING TRUST/PRACTICE
PLACEMENT:

DEPARTMENT OF HEALTH - MINIMAL MEDICAL SUPERVISOR CRITERIA - NOVEMBER 2001

Have you had 3 years recent prescribing experience in a relevant field of practice?	Yes	No
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If a General Practitioner do you hold a Vocational Training Certificate or an equivalent that is recognised by the Joint Committee for Postgraduate Training in General Practice or an equivalent Exemption Certificate	Yes	No
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Or

SIGNATURE:

DATE:

EDUCATIONAL LEAD NAME:

TELEPHONE NUMBER:

EMAIL ADDRESS:

SIGNATURE:

DATE:

Please note all parts must be completed by applicant and verified and signed by immediate Line Manager, Non-Medical Prescribing Lead and Education Lead.

NB If this nomination is not signed by the Employing Organisation's named Prescribing Lead, Medical Supervisor and Educational Lead, the application will be rejected and returned to you.

STUDENT

I, the undersigned, hereby agree that when requested, the University shall confirm periods of attendance and assessment performance with my employer or funding/sponsoring body, as laid out in Northumbria University's Handbook of Student Regulations:

SIGNATURE:

DATE:

CONFIDENTIAL STATEMENT BY REFEREE

(To be completed by all applicants)

APPLICANTS FULL NAME:

DATE OF BIRTH:

Notes for the guidance of Referees

The referee's report is an integral and important part of the selection process, and the information you give will help to guide admissions tutors in making their decisions. In order that institutions can evaluate an applicant's academic and intellectual capacity, your reference should, if possible cover:

1. Suitability for the course applied for.
2. Intellectual qualities including:
 - a) Development to date and previous examination performance with special reference to any factors which may in your opinion have adversely influenced the result;
 - b) Present performance;
 - c) Potential, including an assessment of the probable results of any pending examinations.
3. Personal qualities.
4. Career aspirations.
5. Athletic, social and other interests.

Mature Applicants

Referees may have difficulty in commenting on the Academic abilities of mature applicants who may not have any recent educational experience and in these circumstances, referees may wish to confine their comments to matters listed under 1, 2c, 3, 4 and 5 above.

CONFIDENTIAL STATEMENT BY REFEREE

NAME OF REFEREE:

POST/OCCUPATION/RELATIONSHIP:

ADDRESS:

TELEPHONE NUMBER:

EMAIL ADDRESS:

Statement

SIGNED:

DATE:

Once this application has been completed in full, please send to
hl.academic.support@northumbria.ac.uk