**Advanced Clinical Skills Course**

**Additional Information Form**

# This form must be completed in addition to the University of Manchester online application form. Applicants should be aware that they may need to meet their employing organisation’s own criteria in advance of submission of an application. Applicants are advised to contact their Emergency Department Mentor within their organisation as early as possible in the process.

Please complete all sections of this form and upload this to your online application form. Please print clearly.

## Section 1: Details of Professional Registration

|  |
| --- |
| Professional body for registration (please tick)  GPhC PSNI |
| Name as it appears on GPhC / PSNI Register |
| GPhC/ PSNI registration number |
| Date of registration |

**Section 2: Employment and experience information**

Tick to confirm that you have the required amount of post-registration experience to undertake the course:

At least 2 years appropriate patient-orientated experience in a UK hospital, or part time equivalent, following pre-registration year. This should include experience in the acute care setting

Name and address of current employer(s) Position held Date

Provide details of relevant ‘patient orientated practice’ in your role

## Section 3: Scope of Practice

Please outline your scope of practice linked to your relevant ‘patient orientated practice’ in hospital.

Please describe below which groups of patients and diseases states you are planning to assess and manage in the Emergency Department:

Group(s) of patients: Disease state(s): Setting:

## Section 4: Commitment to Continuing Professional Development

Briefly describe how you have reflected on your own performance as a pharmacist providing patient orientated services and taken responsibility for your own CPD. This should be associated with your proposed scope of practice. In addition to the descriptions below please submit two completed CPD records relating to your proposed scope of practice:

Describe below how you will develop your own networks for support, reflection and learning, including with health care professionals from other professions.

## Section 5a: Suitability of the applicant to work as an Emergency Department Pharmacist

## (to be completed by line manager / employer):

|  |  |
| --- | --- |
| Does the applicant have a recognised experience and ability in diagnosticsand physical examination skills to enable them to apply clinical assessment skills to their intended area of practice? | Yes / No |
| Does the applicant have at least 2 years post registration clinical experience, or part time equivalent, including experience in the acute care setting? | Yes / No |
| Is there a clinical need within the applicant’s role to justify working ? | Yes / No |
| Does the applicant have an area of practice in which to develop theirClinical assessment skills? | Yes / No |
| Has the applicant got up to date clinical, pharmacological and pharmaceutical knowledge relevant to their intended area of practice? | Yes / No |

Name of line manager /employer

Job title

Signature Date

## Section 5b: release from practice for duration of course

## (to be completed by the applicant’s line manager/ employer)

Line manager / employer agreement to release the applicant for both taught theory and medical supervision (11 days theory and 15 days practice).

As this programme is blended learning, students must be able to attend all 8 contact days at the University, plus be given a further 18 days to undertake distance learning.

As the applicant’s line managed or employer, I confirm that the nominee has received an appraisal of their suitability to prescribe and confirm full lease support totally a minimum of 38 days, and the applicant will have a role in the Emergency Department on completion of the programme.

Name of line manager /employer

Job title

Signature Date

Students must undertake a DBS check by the University before they commence the programme. Employers must have the necessary clinical governance infrastructure in place (including a DBS check) to enable the registrant to utilize these advanced clinical skills in the Emergency Department once they are qualified to do so.

Does the applicant have a DBS check?

 Yes No

DBS issue number:

Issue date of DBS disclose:

I understand that the University will undertake a DBS check and that all applicants are required to have a DBS check with the period specified about.

Name of line manager /employer

Job title

Signature Date

## Section 6: Final declaration to be completed by applicant

I am currently registered with the GPhC / PSN

I have a post-graduate clinical diploma, or equivalent, and at least two years, or part time equivalent, of appropriate patient orientated experience in the hospital setting, including acute care, as a qualified professional

I have up-to-date clinical, pharmacology and pharmaceutical knowledge relevant to the identified area of prescribing practice

I have NOT previously been enrolled on a course at another institution leading to a Practice Certificate in Advanced Clinical skills

 I have an agreement with an Emergency Department Mentor to supervise my fifteen days practice placement

Full Name

Signed

Dated