Please note that the requirements and paperwork for this programme differ slightly from the generic instructions given in the main University online application. Where differences exist, please ensure that you follow the requirements in this document.Please complete and upload this form with your online application.

**MSc Clinical Pharmacy**

**Application Form**

* You need to be registered with the General Pharmaceutical Council (GPhC) as a practicing pharmacist.
* You need access to clinical pharmacy experience relevant to your setting to complete the course assessments.
* Applicants whose first language is not English will need an IELTS score of at least 6.5 overall with no less than 6.0 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.

|  |  |
| --- | --- |
| **Full Name of Applicant** |  |
| **GPhC Reg Number** |  |
| **Employment** | **Please indicate the type of pharmacy role you have:**[ ]  Community[ ]  Health & Justice sector[ ]  Hospital [ ]  Within a GP practice/primary care health centreOther, please specify:  |
| **Fitness to Practice** | [ ]  I confirm that I am currently fit to practice in accordance with the GPhC requirements. |

**Programme Options**

You can enroll on the programme to gain academic credit (Certificate, Diploma, MSc) or take the training as Continuing Professional Development. If you choose to take the CPD route, you have the option to gain academic credit if you successfully pass the required assessments.

Please choose which one option you would like to take:

**☐** PG Cert (Part-time 1 year, 60 credits)

**☐** PG Dip (Part-time 2 years, 120 credits)

**☐** MSc (Part-time 3 years, 120 credit + thesis)

[ ]  CPD – Without assessment, i.e. non-credit-bearing
[ ]  CPD – With assessment, i.e. credit bearing

Entry to the programme currently occurs in September or January – please ensure you apply for the correct entry point via the website and indicate your preference below:

September [ ]  January [ ]

**Module Options**Please indicate your module choice options below. Each module is worth 15 credits.

For the PG Cert, you must choose the two core modules plus a further 30 credits.

For the PG Dip, you must choose the two core modules plus a further 90 credits.

The extra credits required for these awards may include credit obtained from Independent Prescribing and modules from other College of Medicine and Health postgraduate programmes.

Please see website for more details.

**Please indicate your preferred module options:**

[ ]  Applied Therapeutics (Core Module)

[ ]  Skills for Patient-centred Care (Core Module)

[ ]  Long-term Conditions 1

[ ]  Care of the Older Adult

[ ]  Acute Presentations in Practice

[ ]  From Theory to Practice to Quality

[ ]  Long-term Conditions 2

**Please indicate your Independent Prescribing status:**

[ ]  Qualified [ ]  Interested [ ]  No current interest

**Accreditation of Prior Learning**

**Please indicate whether you would like to transfer any academic credit from other Universities towards this programme:**

[ ] I have completed Independent Prescribing

[ ] I have another credit-bearing qualification. Please give further details:

**Finance options:**

**Please indicate how this course will be funded:**

[ ] Funding from Health Education England (HEE) Please complete [Section A](#_Section_A_–_1) and [Section B](#_Section_B_Employer)

[ ] Employer/Outside Organisation Please complete from [Section B](#_Section_B_Employer)

[ ] Self-funding Please complete from [Section B](#_Section_B_Employer)

**Applicant Declaration:**

I confirm that I have read and understood the information on this application form. I confirm that the information given is true to the best of my knowledge.

 **Signed Date**

**Post-registration Training for Community or Health and Justice Pharmacists**

 **Supported by NHS England and Health Education England**

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#### Section A – HEE Funding Eligibility

**Please complete this section if you would like to be considered for HEE funding.**

**Entry Requirements**

* To be eligible for tuition fee funding, you will need to be a community or Health and Justice pharmacist, (provided by NHS, private organisations or acute trusts), practicing in a patient facing role for at least 15 hours a week (0.4 WTE - whole time equivalent, which is roughly 2 days a 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

|  |  |
| --- | --- |
| **Contracted hours per week** | Applicants are required to be in current employment in community pharmacy (including locums) 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). hours per week |
| **Services that you offer** | 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: |
| **Confirmations to meet HEE funding criteria (please tick)** | [ ]  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).[ ]  I commit to be part of a future evaluation of the impact of my new skills on service delivery.I confirm that I am **not** enrolled on any of the following NHS England Service Pathways:[ ]  Integrating Pharmacy into Urgent Care[ ]  Pharmacy Integration in Care homes[ ]  Clinical Pharmacists in General Practice Phase 1 and 2[ ]  I understand that if any of the above information changes I will notify the University of Exeter immediately.[ ]  I understand that any false declaration will result in my funding being withdrawn and any accrued fees owed being charged to me personally. |
| **Employer Support** | [ ]  I have employer support or equivalent (see below) |

**Postgraduate Certificate/Diploma/MSc Clinical Pharmacy**

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#### Section B - Employer Support Form

**For successful completion of this training, a pharmacist will need to have access to relevant clinical experience.**

 **APPLICANT** (*PLEASE COMPLETE IN CAPITALS)*

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel (day time): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYER** *(PLEASE COMPLETE IN CAPITALS)***Please ensure this section is completed by your employer/placement supervisor or an equivalent.
If you work in the Health & Justice sector, please ensure this is completed by your Head of Healthcare support.**

Company/Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position/Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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**DECLARATION**

I confirm that I will support this applicant during their studies including facilitating the completion of relevant workplace-based activities and attendance at contact days.

**EMPLOYER SIGNATURE**

 **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 info.stlukes@exeter.ac.uk tagged as CONFIDENTIAL.

**Completing the Online Application Form**

In addition to this form, you will need to apply online using this link:<http://www.exeter.ac.uk/postgraduate/taught/medicine/clinical-pharmacy-pgcert/>

**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.

**Your education**

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

If you are applying to join an award-bearing course please provide a scanned copy of your transcript or degree certificate.

**Professional experience**

Please enter your GPhC registration number and complete the section giving details of your current employment. Within your personal statement please confirm 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 undertake this postgraduate course, the benefits it will bring to the pharmacy services you deliver and how the learning will benefit your own professional practice.

**Referees**

We do not require formal references, instead please upload a scanned copy of your Employer’s Support 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 Wellbeing and AccessAbility Team on 0300 555 0444or email wellbeing@exeter.ac.uk or accessability@exeter.ac.uk

**Criminal convictions**

We are required to collect this information.

**Declaration**
Please complete this mandatory declaration and submit your application.

**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:

Admissions, College of Medicine and Health

E: pg-ad@exeter.ac.uk

T: 01392 723044