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| **Entry Checklist** |

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 **Non-Medical Prescribing Entry Criteria**

**NSA 3120/4120**

**Please complete in pen using BLOCK CAPITALS and return with your Application Form**

**Please ensure that you have sent all documentation:**

|  |  |  |
| --- | --- | --- |
| Completed application form with all academic qualifications included | **Yes**🞏 | **No**🞏 |
| Completed and signed manager statement | **Yes**🞏 | **No**🞏 |
| Proof of DBS which will not expire before the end of the module and is within the last 3 years | **Yes**🞏 | **No**🞏 |
| Completed and signed form by designated medical practitioner | **Yes**🞏 | **No**🞏 |
| Supporting statement which highlights your advanced clinical experience, knowledge and skills. | **Yes**🞏 | **No**🞏 |

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| --- | --- |
| MU LOGO_LDN_RGB.jpg**Application form for CPD Programmes****Please complete this form in BLACK INK using CAPITAL LETTERS and return to:**Postgraduate Admissions, Middlesex UniversityHendon Campus, The Burroughs,Hendon,NW4 4BTTel: +44 (0)20 8411 5555Fax: +44 (0)20 8203 6105Email: postgraduate@mdx.ac.ukWebsite: [www.mdx.ac.uk/healthcpd](http://www.mdx.ac.uk/healthcpd)  |  |

**IMPORTANT: PLEASE READ THE NOTES AS YOU COMPLETE EACH SECTION OF THIS FORM**

**Previous Contact with Middlesex University**

Have you **previously made an enquiry**, **studied**, or are **currently studying** at Middlesex University? YES \_\_\_ NO \_\_\_\_

If **YES** please state your Enquiry/Student Number/Regional office number: .....................................................................................................

If you are a **current student**, when will you finish your current studies? ....................................................................................................

If you are a **current staff member**, what is your MISIS Self Service User ID? .................................................................................................

**1. Personal Details**

Surname...............................................................................Previous surname..........................................................................................

Forename/s.........................................................................Known as........................................................................................................

Date of birth............................Male \_\_ Female \_\_ (please tick as appropriate)

Address.......................................................................................................................................................................................................

....................................................................................................................................................................................................................

..................................................................................................... Postcode...............................................................................................

Telephone (day)......................................................................... Telephone (evening).............................................................................. 9069056....................................................................

Mobile Phone.............................................................................. Email (compulsory)................................................................................

Name of Employer......................................................................................................................................................................................

Work Address.............................................................................................................................................................................................

...........................................................................................................Ward/Dept.......................................................................................

Country of birth ..................................................................................Nationality.......................................................................................

Country of permanent residence................................................................................................................................................................

**Applicants not born in the European Union:**

**Have you been granted permanent residence in the EU / indefinite leave to remain in the UK? YES \_\_\_\_ NO \_\_\_\_**

**Date of first entry to live in the UK? ...............................................**

**Date on which residency was granted? .........................................**

Using the guidance notes for section 1, please indicate any disability/medical condition you may have……………………………………

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**2. PIN Number (Nursing and Midwifery Council Professional Register) if relevant**

 🞏🞏🞏🞏🞏🞏🞏🞏 Last renewed 🞏🞏/🞏🞏 **if you are on the NMC Professional Register you MUST enter your PIN number, even if the programme and/or module(s) for which you are applying do not require practitioner status.**

**3. Programme/Module Details (please tick)**

Study Day \_\_\_ Stand Alone Module \_\_\_ Graduate Certificate \_\_\_ BSc \_\_\_ PG Cert/Dip \_\_\_ MSc \_\_\_ Start Date \_\_\_\_ 🞏2013🞏

Programme title................................................................................................................................................... (If applicable)

Module title...........................................................................................................Module code.......................... Level..............

Module title...........................................................................................................Module code...........................Level..............

Module title...........................................................................................................Module code...........................Level..............

**4. Fees**

Who will pay your fees? (Please tick) Self \_\_\_ Employer (commissioned place) \_\_\_ Employer (directly funded) \_\_\_

If you are being sponsored by your NHS trust on a commissioned place, the section below will need to be countersigned by the Education Commissioning Manager.

If you are being directly funded by your employer **you need to submit a letter from the authorising manager on official headed paper** AND provide the details below:

Name of Employer/NHS Trust.................................................................... Address..................................................................................

................................................................................................................... Post code................................................................................

B) To be completed by person responsible for certifying sponsorship (Employer/Commissioning Manager)

Name........................................................................................... Title.......................................................................................

**5. Professional/Relevant Work Experience and Qualifications** (current or most recent first)

1) Job title, nature of work/training.............................................................................................................. Grade.....................................................................

Name of organisation.......................................................................................................................... From\_\_\_\_\_\_ to \_\_\_\_\_\_

2) Job title, nature of work/training.............................................................................................................. Grade.....................................................................

Name of organisation.......................................................................................................................... From\_\_\_\_\_\_ to \_\_\_\_\_\_

3) Job title, nature of work/training.............................................................................................................. Grade.....................................................................

Name of organisation.......................................................................................................................... From\_\_\_\_\_\_ to \_\_\_\_\_\_

**Qualifications**

1) Qualifications studied...........................................................................................................................................................

Name of institution.............................................................................................................................. From \_\_\_\_\_\_ to \_\_\_\_\_\_

Pass: Yes \_\_\_ No\_\_\_\_

2) Qualifications studied............................................................................................................................................................

Name of institution.............................................................................................................................. From \_\_\_\_\_\_ to \_\_\_\_\_\_

Pass: Yes \_\_\_ No\_\_\_\_

3) Qualifications studied............................................................................................................................................................

Name of institution............................................................................................................................... From \_\_\_\_\_\_ to \_\_\_\_\_\_

Pass: Yes \_\_\_ No\_\_\_\_

4) Qualifications studied............................................................................................................................................................

Name of institution............................................................................................................................... From \_\_\_\_\_\_ to \_\_\_\_\_\_

Pass: Yes \_\_\_ No\_\_\_\_

5) Qualifications studied............................................................................................................................................................

Name of institution............................................................................................................................... From \_\_\_\_\_\_ to \_\_\_\_\_\_

Pass: Yes \_\_\_ No\_\_\_\_

6) Qualifications studied............................................................................................................................................................

Name of institution............................................................................................................................... From \_\_\_\_\_\_ to \_\_\_\_\_\_

Pass: Yes \_\_\_ No\_\_\_\_

Most recent English Language qualifications (specify, e.g., GCSE, IELTS, and TOEFL)..................................................................

**6. References (You need not complete this section if you work for an NHS which commissions study days, modules or programmes from Middlesex University. You must complete this section if you are self-funding)**

The first reference MUST be your line manager or nominating manager; member of a professional body; current or last employer, or training officer. Please fill in this section in BLOCK CAPITALS.

**Referee:**

Surname/Family name ..................................................................Forename/s..............................................................................

Relationship to the applicant .........................................................Job Title...................................................................................

Address...........................................................................................................................................................................................

...................................................................................................... Postcode..................................................................................

Telephone (day) .............................................................................Fax.........................................................................................

**7. Ethnic Origin**

Please note that this information is required for equal opportunities monitoring only. Please tick the appropriate category:

🞏 White-British 🞏 Other Black Background 🞏 Mixed- White/Black-African

🞏 White-Irish 🞏 Asian/Asian British-Indian 🞏 Mixed- White/Asian

🞏 White-Scottish 🞏 Asian/Asian British-Pakistani 🞏 Other Mixed Background

🞏 White-Welsh 🞏 Asian/Asian British-Bangladeshi 🞏 Other Ethnic Background

🞏 Other White Background 🞏 Chinese 🞏 Not Known

🞏 Black/Black British-Caribbean 🞏 Other Asian Background 🞏 Information Refused

X🞏 Black/Black British-African 🞏 Mixed- White/Black-Caribbean

**8. Personal Statement (Please complete this section)**

Please give your reasons for choosing this module or programme of study. You may attach further sheets.

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**9. Rehabilitation of Offenders Act 1974 (exemptions) order 1975**

Because of the nature of the programmes for which you are applying, they are exempt from the provision of Section 4 (2) of the Rehabilitation of Offenders Act 1974. By virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975 and the Children Act 1989, applicants are, therefore, not entitled to withhold information about convictions which for other purposes are "spent" under the provisions of the Act.

As you are applying for a programme in health or social work which may involve work with children or vulnerable adults, you must tell us about any criminal convictions, including spent sentences and cautions (including verbal cautions) and bind-over orders.

**Please tick where appropriate if any of the following statements apply to you:**

I have a criminal conviction **\_\_\_** I have a caution (including verbal cautions) **\_\_\_**

 I have a spent criminal conviction \_\_\_ I have a bind-over order \_\_\_

Have you been through the Criminal Records Bureau Enhanced Disclosure process in relation to your current employment?

YES \_\_\_ NO \_\_\_ if yes, please give the date and reference number: MM/YY ■■🞏🞏🞏🞏🞏🞏🞏🞏🞏🞏🞏🞏■■■■■■■■■■.

Applicants who have a previous conviction will not be automatically excluded from the application process. However, the university may want to consider the application further or ask for more information before making a decision.

**10. Declaration**

I accept and grant permission for my employer/sponsor to be informed of any relevant information relating to the progression of my programme, including my record of attendance.

I confirm that the information given in this form is true, complete and accurate: no information requested or other material information has been omitted. I consent to the processing of this data by Middlesex University for educational purposes under the provisions of the 1998 Data Protection Act.

Signature of applicant.........................................................……. Date.........................................................................

• **Disability/special needs:** Please enter in the box the number

from the list of statements below which is most appropriate to you.

0 You do not have a disability nor are you aware of any additional support requirements in study or accommodation.

1 You have a specific learning difficult (e.g. dyslexia).

2 You are blind or have a serious visual impairment.

3 You are deaf or have a serious hearing impairment.

4 You are wheelchair user/have mobility difficulties.

6 You have mental health difficulties.

7 You have an unseen disability (e.g. diabetes, epilepsy, asthma).

8 You have two or more of the above disabilities/special needs.

9 You have a disability not listed above.

T You have Asperger’s syndrome or another autistic spectrum disorder.

**Section 2 PIN Number (Nursing and Midwifery Council Professional Register)**

NMC PIN numbers are 8 digits in length with the 3rd and final digits as letters.

If you are on the NMC Professional Register you MUST enter your PIN number even if the programme/modules, for which you are applying, do not require practitioner status.

**Section 3 Programme/Module Details**

Please indicate programme title and type (Advanced Diploma, BSc, etc.). If you are studying a single module, please indicate the name of the module and the module code. **Please ensure that you indicate your intended start date.**

**Section 4 Fees**

NHS London contract = contract between the NHS London and the University. The NHS London includes the following Trusts:

Barnet, Enfield and Haringey Mental Health

Bart’s Health

Camden and Islington Foundation Trust

Central and North West London

Central London Community Healthcare

East London Foundation Trust

Guys and St Thomas' Hospital

Homerton University Hospital

Imperial

London NW Healthcare

Moorfields Eye Hospital

North East London

North Middlesex

Royal Free London NHS Trust

University College London Hospital

West London CEPN (HENWL)

Whittington Health NHS

Your Healthcare CIC

**Guidance Notes**

**Please read the notes carefully before you complete your application**.

**The Data Protection Act 1998**

The information which you give on your application form will be used for the following purposes only: To enable your application for entry to be considered. To enable the institution to compile statistics, or to assist other organisations or individual research workers to do so, provided that no statistical information which would identify you as a person would be published. To enable the institution to initiate your student record.

**Despatch arrangements**

Many courses may have a deadline by which applications should be received. Please consult course literature or the academic area concerned. If you apply in good time before the deadline, please send the whole application form to your referee for completion and forwarding to the institution.

Your application form will be photocopied before it is sent to admissions tutors and it is therefore important that you write neatly using black ink in CAPITALS.

**Enrolment Status**

We need to know if you have previously enrolled at Middlesex University. If you have, please enter your student number (shown on your admissions card), where requested.

If not known please write "NOT KNOWN"

**Please complete this form in BLOCK CAPITALS**

**Section 1 Personal Details**

• **Previous surname:** if you have changed your name by marriage or otherwise, state your previous surname of family name

• **Contact address:** enter the address to which you expect all correspondence to be sent.

• **Work address:** enter your present work address along with Ward or centre name or department

• **Country of birth/nationality/permanent residence:**

Please answer all sections so that you are correctly assessed for fee purposes, even if you are not expecting to meet the costs yourself. It is also important that we accurately record your nationality and country of permanent residence for reporting purposes.

 **Section 7 Ethnic Origin**

Please note that this information is required for equal opportunities monitoring only. Please tick the appropriate census category.

**Section 8 Personal Statement**

Use this section to enter any further information you may wish to offer in support of your application. Admissions tutors will be interested in your reasons for choosing the course. You should also give details here of any non-examined subjects you are studying. Please outline any relevant experience that may be taken into account in lieu of formal qualifications, either at home or in voluntary or paid work. It is helpful to explain any breaks in your career, any health or other personal circumstances relevant to the application.

**Section 9 Rehabilitation of Offenders Act 1974 (exemptions) order 1975**

As you are applying for a programme in health or social work, which may involve work with children or vulnerable adults, in accordance with the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975 and the Children Act 1989 you must tell us about any criminal convictions, including spent sentences and cautions (including verbal cautions) and bind over orders. Please tick the appropriate circle, giving further detail where requested.

**Section 10 Declaration**

The declaration informs the student of any possible legal uses the University may have for the information provided. Middlesex cannot use the data provided for anything other than the uses stated in this section. This offers protection to both the student and the university.

**Important Note**

This University undertakes to take all reasonable steps to provide educational services in the manner set out in the prospectus and in other documents. Should industrial action or other circumstances beyond the control of the university interfere with its ability to provide such services, we undertake to use all reasonable steps to minimise the resultant disruption to educational services. We do not undertake any absolute obligation whatsoever to provide educational services in the manner specified in any prospectus or other document, nor do we undertake any other obligation in respect of the provision of educational services which is more onerous that the obligations set out herein. Should you become a student at Middlesex, this notice shall be a term of any contractbetween you and the University. Any offer of a place made to you is onthe basis that in accepting the offer you consent to the terms and conditions herein.

A) If you are being funded/sponsored by your employer you need to submit a letter from the authorising manager on official headed paper AND fill in section 4.

B) Please have this section completed by the appropriate person. If you are part of NHS London contract we need the details and signature of the Trust Training Manager (not necessarily your line manager). Failure to gain authorisation from the appropriate authority could delay your application.

**Section 5 Professional/Relevant Work**

**Experience and Qualifications**

Please include all of your post-qualification work experience and training: paid or unpaid, full or part time, whether domestic or for an organisation. Please list all qualifications and list any CPD study you have undertaken since qualifying or which is relevant to the programme you wish to study.

**Section 6 References**

**You only need to fill this if you work for a trust/organization which is NOT part of the Local Education and Training Board HENCEL (Health Education North Central and East London)**

• Your first referee MUST be one of the following:

Line manager or nominating manager; member of a professional body; current or last employer or training officer.

• If you have any difficulty in identifying a suitable referee you should seek advice from either the university or your line manager.

**Note for the First Referee**

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 the suitability of the applicant for the course (s) they have applied for, in terms of:

• Personal qualities

• Career aspirations

• Any personal circumstance or health issues

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| **Non-Medical Prescribing Entry Criteria** **NSA 3120/4120****Please complete in pen using BLOCK CAPITALS and return with your Application Form** | MU LOGO_LDN_RGB.jpg |

**IMPORTANT:** PLEASE MAKE SURE THAT **YOU AND YOUR LINE MANAGER**

FILL IN APPROPROPRIATE SECTIONS

1. **MANAGER**

**Please tick all the following statements and sign to confirm that:**

|  |  |  |
| --- | --- | --- |
| The applicant is an **employee with a minimum of 3 years** (2 years for pharmacists) of post-registration experience (part time equivalent), of which **at least one year immediately preceding the application for the programme has been in the clinical area** in which the applicant intends to prescribe on successful completion of the programme. | **Yes**🞏 | **No**🞏 |
| The applicant has **a good command of written and spoken English** | **Yes**🞏 | **No**🞏 |
| The applicant will be given 2**6 study days to attend the university programme and 12 days for supervised practice** with a Designated Medical Practitioner (Supervisor). | **Yes**🞏 | **No**🞏 |
| The applicant has been assessed as **competent in clinical history-taking, undertaking clinical assessments and diagnosing** in her/his area of practice | **Yes**🞏 | **No**🞏 |
| There is **a clinical need for the applicant to prescribe** within the current role | **Yes**🞏 | **No**🞏 |
| The applicant demonstrates **appropriate numeracy skills** | **Yes**🞏 | **No**🞏 |
| The applicant **holds a current and satisfactory Criminal Record Bureau Check** (within the last three years). See section on main application form as well please | **Yes**🞏 | **No**🞏 |
| The **suitability of the applicant has been discussed with the Non-medical Prescribing Lead** for the organisation/primary care trust | **Yes**🞏 | **No**🞏 |
| On successful completion of the prescribing programme the **applicant will have access to appropriate Continuous Professional Development activities** | **Yes**🞏 | **No**🞏 |

**Manager’s Signature ……………………………………………………………………………………......................................**

**Address …………………………………………………………………………………………………………………....................**

**Postcode: .............................................**

**Contact details: tel: …………………………………………………… e-mail: ……………………………………....................**

**Date………………………………………**

1. **APPLICANT**

Please identify in which **clinical area(s) you currently work in** ……………………………………………………………………………..........

Please confirm **how long** you have worked in this area …………………………………………………………………………………….............

Which **area(s) of practice are you intending to prescribe in**? ……………………………………………………………………………..........

Are you a 1st level Registered Nurse/Midwife/Health Visitor, Pharmacist or Allied Health Care Professional?

(Delete as appropriate)

If yes, **which part of the Register** are you on ………………………………………………………………………………………..………...........

Please state your **area of Specialist Practice** ………………………………………………………………………………………….……............

Are you undertaking **any other programme of study** at the moment? **Yes** 🞏 **No** 🞏

If yes, please state which programme and indicate when you will be completing:

……………………………………………………………………………………………………………………………………………………...............

Please indicate **when you wish to attend the Prescribing course**:

Start Date………………………………………….……

Have you previously commenced but not completed a prescribing course? **Yes** 🞏 **No** 🞏

If yes please give details?

……………………………………………………………………………………………………………………………………………………...............

**Personal Statement**

(Please complete this section - Use additional pages when necessary)

**You are required to provide a comprehensive supporting statement which should include the following:**

* Evidence of your ability to study at the chosen level. Please give details of recent study including where you studied.
* The need within your service/client group for independent/supplementary non-medical prescribing skills. Give an overview of your client group
* Anexplanation of how you will use this new skill to benefit users of your service.
* An overview of how you have met the entry criteria

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1. **INDEPENDENT / SUPPLEMENTARY NON-MEDICAL PRESCRIBING AGREEMENT WITH SUPERVISION IN PRACTICE SUPPORTER**

**Name of Designated Medical Assessor** …………………………………………………………………………………………………………..….

Qualifications ……………………………………………………………………………………………………………………………………....………

Address …………………………………………………………………………………………………………………………………………....……….

Contact Telephone Number …………………………………………………………………………………………………..………………......…….

Could you **please supply the following information** to assist in making sure the Department of Health criteria for the supervision in practice in nurse and midwife prescribers by medical assessors are being met? **Please tick in the appropriate boxes.**

**Department of Health (Nov. 2001) Criteria**

<http://www.npc.co.uk/non_medical/publications.htm>

 Are you **a registered medical practitioner** who:

1. Has normally had **at least 3 years medical, treatment and prescribing responsibility for a group of patients/clients** in the relevant field of practice? **Yes** 🞏 **No** 🞏

**and**

**2.**

**(a)** Is **within a GP practice and is either vocationally trained or is in possession of a certificate of equivalent experience** from the Joint Post-Graduate Training in General Practice? **Yes** 🞏 **No** 🞏

**(b)** Is a **specialist registrar, clinical assistant or a consultant** within a NHS Trust or other NHS employer?

**Yes** 🞏 **No**🞏

**and**

1. Has the support of the employing organisation or GP practice to **act as the designated medical practitioner who will provide supervision, support and opportunities to develop competence** in prescribing practice?

**Yes** 🞏 **No**🞏

**and**

1. Has **some experience or training in teaching and/or supervision** in practice?

**Yes** 🞏 **No** 🞏

**If not an Approved Training Practice/Institution**, then please outline your experience of teaching, supervision and assessment of students.

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I confirm that I have agreed to provide for a total of **twelve days** of the programme the training opportunities, supervision, support and assessment for (student) ……………………………….............. to enable her/him to undertake the **Independent / Supplementary Non-Medical Prescribing course**.

**Signature** ………………………………………....………….…… **Date** ………………………....................................………………..………….