

Faculty of Health and Social Sciences
Entry Criteria and Application form for
Independent & Supplementary Prescribing
(Non-Medical Prescribing) Programmes

Entry Criteria for all applicants

- Employer support and suitable practice assessor /supervisor to assess clinical training
- Even if self-funding - employer support is essential. If self-employed contact admissions team for advice
- Be professionally practicing in an environment where there is an identified need for the individual to regularly use independent prescribing
- Have a current enhanced DBS in their current role
- English Language requirement – IELTS 6.5
- Ideally have evidence of credited study or equivalent in the past 5 years
- Ideally have completed an Advanced History Taking And Physical Examination Course

Profession Specific criteria – see below

Entry criteria for nurses and midwives applying for Level 6

- Registered nurse (Level 1), midwife or Specialist Community Public Health Nurse
- At least 1 year post-registration experience
- In the role in which they will prescribe for at least one year
- Advanced diploma, DipHE or equivalent
- Employer confirmation that applicant is capable of safe and effective practice in Clinical/health assessment; Diagnostics/care management; Planning and evaluation of care

Entry criteria for nurses and midwives applying for Level 7

- Registered nurse (Level 1), midwife or Specialist Community Public Health Nurse
- At least 1 year post-registration experience
- In the role in which they will prescribe for at least one year
- BSc(Hons), unclassified BSc or equivalent
- Employer confirmation that applicant is capable of safe and effective practice in Clinical/health assessment; Diagnostics/care management; Planning and evaluation of care

Professional Body entry criteria for paramedics

- Registered with the HCPC as a paramedic
- Working at an advanced practitioner or equivalent level in line with [HEE framework](#)
- At least three years relevant post-qualification experience in the clinical area in which they will be prescribing
- BSc(Hons), unclassified BSc or equivalent
- Ideally have evidence of Level 7 study

Professional Body entry criteria for HCPC registrants (excluding paramedics)

- Registered with the HCPC as a registered physiotherapist, therapeutic radiographer or chiropodist/podiatrist, dietician (supplementary only)
- At least three years relevant post-qualification experience in the clinical area in which they will be prescribing
- BSc(Hons), unclassified BSc or equivalent

IMPORTANT:

Please read the accompanying notes on page 6 and ensure you complete all sections in full. Please complete your application by typing in **BLOCK CAPITALS**. Your form must be submitted together with photocopies of all certificates. **Incomplete application forms will cause a delay in the application process and may result in a lost place.**

Completed forms should be sent to: hsspostregadmissions@bournemouth.ac.uk
(Please provide both home and work email addresses as your confirmation is sent via email.)

1 COURSE DETAILS

Which course are you applying for:

- Independent & Supplementary Prescribing for Nurses & Midwives (V300) LEVEL 6
- Independent & Supplementary Prescribing for Nurses & Midwives (V300) LEVEL 7
- Supplementary & Independent Prescribing for Allied Health Professionals LEVEL 7
- Supplementary Prescribing for Allied Health Professionals LEVEL 7

What professional group do you belong to:

- NMC Registered Nurse
- NMC Registered Midwife
- HCPC Registered Physiotherapist
- HCPC Registered Therapeutic Radiographer
- HCPC Registered Paramedic
- HCPC Registered chiropodist / podiatrist
- HCPC Registered Dietician

Are you currently under any investigation of Fitness to Practice with the NMC/HCPC/ other Professional Body?

Yes No

Do you have any conditions of Practice? Yes No

If you answer yes to either of these two questions, we may contact you for further information.

Why do we ask for this information? Please see the notes on page 6.

Intake applying for:

Have you commenced on a NMC/HCPC/Professional body approved prescribing course at any university before?

Yes No

If YES, please state your reason for not completing the course

Do you have a Practice Assessor/DMP (Designated Medical Practitioner)? Yes No

Have you studied at Bournemouth University before? Yes No

If YES, please give your student reference number

2 PERSONAL DETAILS		The personal information you supply will not adversely affect your application for a place - see reference to our Equal Opportunities policy in the Personal Declaration section of this form	
Surname/Family Name BLOCK CAPITALS)		Title Miss / Mrs /Ms / Mr	
First Names (in full)		Preferred Name	
Previous Name(s) (if changed)			
Male/Female		Date of Birth (dd/mm/yy)	
NMC / HCPC or Professional PIN		Expiry Date:	
Home Address			
Post Code		Email	
Telephone (inc international/STD code)		Mobile Number	
Nationality (e.g. British, Spanish, Chinese etc). If you have dual nationality, please state both			
What is your home country?			
Ethnic Origin please enter the appropriate code from the list on page 8			
Additional Needs please enter the appropriate code from the list on page 8 (this will not adversely affect your application for a place)			

3 EMPLOYMENT DETAILS		
Current Role		Date started in current role:
Trust / Organisation		
Ward / Department / Unit		
Hospital		
Address		
Post Code		Telephone (inc international / STD Code)
Email		
4 EMPLOYMENT HISTORY		Please provide details of your employment history over the last five years.
Dates (From / To)	Workplace & Specialism	Brief description of job role

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5 DISCLOURE BARRING SERVICE (DBS) CHECK

The professional bodies require us to check at the start of the course that you have undertaken an Enhanced Disclosure & Barring Service (DBS) check within the last 3 years and the certificate has been seen by your employer. We will ask your employer to confirm the information you provide here. The notes on page 6 explain why we ask for this information.

[At the end of the course, if you complete it, we will also ask you to declare any changes to your criminal records status relevant to an Enhanced DBS check which have occurred since your current certificate was issued].

Date of most recent Enhanced DBS Check seen by your employer

6 SUPPORTING MANAGER – to be completed by your Manager (if self-employed this needs to be completed by either the Practice Assessor or Supervisor see - pg. 9)

I support this application and confirm that

- The applicant meets the entry requirements as specified for their professional group (see enclosed entry criteria).
- The necessary study time has been agreed
- Practice-based opportunities and clinical assessment with a practice assessor will be available (please see attached for criteria)
- Has a current enhanced DBS

Signed	Name in Block Letters
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Telephone number & extension (inc international / STD code)

Email	Date
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7 FEES – who is paying your tuition fees for the course?

(A) Health Education England (tick if your fees are being paid by an NHS organisation using HEE funds)
TRUST EDUCATION/CPD LEAD TO COMPLETE - Authorisation of allocation of a contracted place

Authorised Signature **Date:**

Name in Block Letters:

(B) Self-Funded

If you are paying all or some of your tuition fee, you will be sent a Payment Agreement for Tuition Fees. This form must be returned on or before the first day of the course with your payment.

If known, please indicate the percentage of fee you will be paying (e.g. 100%)

I agree to pay for the tuition fees for the above stated course

Signature: **Date:**

Name in Block Letters:

(C) Sponsored (tick if your fees are being paid by an organisation other than HEE)

If you are being sponsored by your employer or other organisation, you will be sent a Payment Agreement for Tuition Fees. This form must be returned by the student on or before the first day of the course with the sponsorship section fully completed.

Note: It is the student's responsibility to ensure that this form is returned to the University. Failure to do so will result in the student being required to pay the fees.

If known, please indicate the percentage of fee your sponsor will be paying (e.g. 100%)

Employer's Signature: **Date:**

Name in Block Letters:

8 ACADEMIC & PROFESSIONAL QUALIFICATIONS ALREADY ACHIEVED

Copies of your professional certificates, qualifications, degree / diploma certificates and evidence of credits and level for any modules completed **must** be submitted with your application form

University / Awarding Institution / Examining Body	Higher Education Qualification/ Module Title (title, subjects, class or grade)	Credit Points Awarded & Level	Date Awarded

Examinations or assessments to be taken or results pending (if none, write 'none')

University / Awarding Institution / Examining Body	Higher Education Qualification / Module Title (title, subjects, class or grade)	Credit Points & Level	Date Result Expected

9 PERSONAL STATEMENT

Please indicate your reasons for choosing the programme applied for, career aspirations and any other information that you wish us to know about when considering your application. Give a brief description of your current role and current clinical area. Please continue on a separate sheet if necessary

10. DATA PROTECTION

Our privacy notice explains how and why we will process your personal data in connection with your application. This is available on-line at <https://www1.bournemouth.ac.uk/about/governance/access-information/data-protection-privacy/student-recruitment-admissions-privacy-notice>, or you can request a copy from hsspostregadmissions@bournemouth.ac.uk. This covers data you provide in this application form and data we collect about you from third parties such as referees. It is important that you read the privacy notice before you submit the form, so that you

understand how your data will be used and shared.

If we accept your application, details of your attendance, progress and outcomes on the course will be disclosed to your employer or any other sponsor organisation identified in section 5 of this form (unless you are funding 100% of the course fees yourself).

11. PERSONAL DECLARATION

The aim of the admissions process is to select students who have the ability and motivation to benefit from the programmes they intend to follow and who will make a contribution to the life of the University

The process takes place within the context of the University's Equal Opportunities policy which expresses the University's commitment to a comprehensive policy of equal opportunities for students in which individuals are selected and treated on the basis of their relevant merits and abilities and are given equal opportunities within the University. The aim of the policy is to ensure that no prospective student or enrolled student should receive less favourable treatment on any grounds which are not relevant to academic ability or attainment.

However, as explained above and in the notes, to meet professional body requirements it is necessary for us to confirm you have undertaken an Enhanced DBS Check, confirm your professional status and identify any issues or concerns with regard to your professional competence or practice which might affect your suitability for a non-medical prescribing course and your ability to be registered with prescriber status.

Declaration

I understand that, by submitting this application form whether electronically or on paper, I confirm that the information given in my application form is true, complete and accurate, and that no information requested or other material information has been omitted (except where I have chosen not to provide information in the Equality section, including any decision not to declare a disability). I accept that, if this is not the case, the University may cancel my application and any subsequent offer and I shall have no subsequent claim against the University

I will supply any additional information that may be required by Bournemouth University in order for my application to be verified. I will advise Bournemouth University of any material changes to the information provided on this form, in particular with regard to my professional status.

- The signature of your supporting manager (essential for prescribing courses – unless you are self-employed)
- A completed fees section and Payment Agreement (if you are being sponsored or are self-funding)
- Copies of all accredited higher education qualifications
(If the name is different on the qualification and the application we require evidence of the name change, such as a marriage certificate or change of name deed)
- A completed Declaration of Support for Practice Supervision and Assessment form (on the page 9)

We will not be accepting applications unless all of the above information is included

Applicant's Name

Applicant's Signature

Date:.....

This page is for information only and does not need to be returned with your application

PERSONAL DETAILS – CODES		
Ethnicity Code		
11 White 16 Gypsy or Traveller 21 Black Caribbean 22 Black African 29 Black Other	31 Indian 32 Pakistani 33 Bangladeshi 34 Chinese 39 Asian other 41 Mixed White & Black Caribbean	42 Mixed White & Black African 43 Mixed White & Asian 49 Other Mixed Background 50 Arab 80 Other 98 Information refused
Additional Needs Code		
A No known disability B Social/Communication impairment C Visual Impairment	D Deafness E Long Term illness F Mental Health Condition G Learning Difficulty	H Physical Impairment I Other J Multiple Disabilities T Autistic Spectrum Disorder

TIPS ON COMPLETING THIS FORM

- It is important that you complete all sections of the application form in full. Incomplete application forms will cause a delay in the application process and may result in a lost place.
- Level of study:** A number of modules are available at different academic levels of study: Level 6 (degree level), or Level 7 (masters level). Where this is the case, it is important you indicate the level you wish to study at. You will be enrolled on the unit at the level you request, and it is not normally possible to change level once you have enrolled.
- Qualifications:** Ensure you have listed all your academic and professional qualifications including your professional registration. Don't forget to include photocopies of your certificates, academic transcripts of results or credit awarded for courses/modules completed.

Your application is assessed based on the information you provide
- Professional Registration and DBS checks:** In sections 1 and 5 of the form we ask for information about your professional registration and criminal records checks by the Disclosure and Barring Service.

We ask for this information because our non-medical prescribing courses are approved by relevant professional bodies (NMC and HCPC), and successful completion of these courses can lead to changes in your registered status with those professional bodies.

As part of the conditions for professional body approval of our courses, we need to confirm your professional registration status and identify any issues or concerns with regard to your professional competence or practice which might affect your suitability for a non-medical prescribing course and your ability to be registered with prescriber status.

At the application stage we ask you to confirm that you hold a current professional registration which makes you eligible for prescriber status, and to let us know of any current issues or investigations regarding your professional practice. In addition we ask you let us know if you are currently subject to any conditions of practice imposed by your professional body/council and to confirm that you have undergone an Enhanced DBS check in the last three years. If you are subject to any current Fitness to Practice investigation or conditions of practice this will not necessarily lead to your application being rejected, but this is relevant to our assessment of whether you are likely to be able to meet the course requirements and register as a subscriber. We will want to consider your application further and may require further information before making a decision.

As explained above, if you successfully complete this course we will ask you to declare any changes to your criminal records status relevant to an Enhanced DBS check which have occurred since your last certificate was issued.
- Sections of the form to be signed.** There are three sections which need to be signed. Please note these all need to be completed in order for your application to be processed.
 - Section 6 – Supporting Manager** – your Manager (if applicable) will need to sign this section before the form is passed for authorised funding approval.
 - Section 7 – Fees** – One section needs to be completed as follows:
 - A** - if the unit or course is funded as part of the LBR contract or other specialist contract. This must be signed by an authorised signatory for your organisation.
 - B** – if the student is self-funding the course or unit of study
 - C** – if the employer is sponsoring

- **Section 11 – Personal Declaration** – you, the applicant, must sign this section

- 5 **Confirmation of your place:** The earlier you submit your application form the better. Your place on the course/module is not firm until you have received confirmation from the University. If we receive your application less than 6 weeks prior to the start date there may not be time to process it and you may be unable to access certain facilities on your first day. Once your application has been approved, you will receive an offer letter and further details. All correspondence is sent to your home address.
- 6 **Submitting application forms** – unless you are paying for your module/course yourself, your application form must be submitted via your Trust/organisation Education/Learning & Development Lead.
- 7 **Contact details for the Faculty of Health & Social Sciences Post-registration Admissions Team:**
Address: Post Registration Courses Admissions Office, Faculty of Health and Social Science, Bournemouth University, Room R109, Royal London House, Christchurch Road, Bournemouth BH1 3LT
Telephone: 01202 964444
Email: hsspostregadmissions@bournemouth.ac.uk

Declaration of support for Practice Supervision and Assessment

The professional body standards for prescribing require all learners to have in place practice support for assessment. The NMC Standards for student supervision and assessment identify three roles within the assessment of Prescribing programmes: a practice assessor, a practice supervisor and an academic assessor. The HCPC and GPhC require learners to identify one practice assessor. Each of these roles should be identified prior to commencement on your prescribing course. (This replaces the previous requirement for a Designated Medical Practitioner)

Name of learner: _____

Intake Applied for: _____

Prescribing Practice Assessor (applies to all health care professionals)

A prescribing practice assessor must be a registered healthcare professional and an experienced prescriber with suitable equivalent qualifications for the programme the student is undertaking.

Declaration of Practice Assessor – I agree to act in the capacity of Practice Assessor for the above student, for the duration of their prescribing programme. I confirm that I meet the criteria for the role of Practice Assessor. I will provide support for the student to support their development as necessary for meeting the RPS competencies and programme outcomes and assess the student's suitability for award based on the successful completion of a period of practice based learning relevant to their field of prescribing practice.

Name of Practice Assessor: _____

Signature of Practice Assessor: _____ Date: _____

Workplace of Practice Assessor: _____

E mail contact for Practice Assessor _____

How long have you been an active prescriber? _____

Practice Supervisor (for NMC applicants only)

We ask you to nominate a single practice supervisor on this form, however acknowledge that you may have more than one practice supervisor contributing to your assessment throughout the course. Practice supervision enables students to learn and safely achieve proficiency and autonomy in their professional role. All NMC registered nurses and midwives can supervise prescribing students, serving as role models for safe and effective practice. Students may be supervised by other registered health and social care professionals also.

Declaration of Practice Supervisor – I agree to act in the capacity of Practice Supervisor for the above student, for the duration of their prescribing programme. I confirm that I meet the criteria for the role of Practice Supervisor.

Name of Practice Supervisor: _____

Signature of Practice Supervisor: _____ Date: _____

Workplace of Practice Supervisor: _____

In exceptional circumstances, the same person may fulfill the role of practice supervisor and practice assessor for that part of the programme where the prescribing student is undergoing training in a practice learning setting. In such instances, please discuss this with the course team as you will need to supply evidence why it is necessary for the practice supervisor and assessor roles to be carried out by the same person. If this is the case, please alert the admission team upon application.

Academic Assessor

Bournemouth University will allocate all learners an academic assessor upon enrolment. This will be a member of the prescribing team who is a registered healthcare professional with suitable equivalent qualifications for your programme. The Academic Supervisor will provide you with feedback on your development through the programme and assess your suitability for the award based on the successful completion of the practice based learning, in consultation with your Practice Assessor.

PAYMENT AGREEMENT FOR TUITION FEES 2018/19
Faculty of Health & Social Sciences

PLEASE MAKE SURE YOU READ AND UNDERSTAND THE WHOLE DOCUMENT BEFORE SIGNING

STUDENT AND COURSE DETAILS (Please use capitals)

LAST NAME / SURNAME			
FIRST NAMES			
STUDENT REFERENCE NO			
COURSE / UNIT OF STUDY			
DATE OF BIRTH			
EMAIL ADDRESS			
CONTACT TELEPHONE NO		MOBILE NO	

18/19 TUITION FEES		£	
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PAYMENT DETAILS

COMPANY/ORGANISATION SPONSORED	£	
BANK TRANSFER	£	
CREDIT/DEBIT CARD <i>(Please contact BU Finance on 01202 961600 to make payment)</i>	£	
TOTAL PAYMENT	£	

SELF FUNDED TUITION FEES MUST BE PAID PRIOR TO ENROLMENT

Payment can be made direct to the University's bank account using the following details:

Bank: Barclays Bank plc, PO Box 1, Bournemouth Town Branches, Bournemouth, BH1 1ER
 Sort Code: 20-12-04
 Account No: 80188921
 IBAN: GB24 BARC 2012 0480 1889 21
 SWIFT/BIC: BARCGB22

The payment should be in the University bank account **no later than 2 weeks prior to the commencement of the course**. Should payment not be received in the required time you may lose your place on the course.
 If you have chosen this method of payment please provide the following:-the amount; the date the payment was made through your bank and the payment advice issued to you by your bank.

PAYMENT REF	
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I understand I am personally liable for full payment of fees and have enclosed an appropriate method of payment in adherence to the instructions enclosed within.

SIGNATURE		DATE	
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Please do not write below this line (for Finance use only)

Invoice number:

Amount Paid:

Receipt No:

COMPANY/ORGANISATION SPONSORED DETAILS (Please use capitals)

Note: This form should be presented by you to your employer or other third party when you wish your course fees to be paid in full or in part by third party sponsorship. You will be unable to enrol if this form is not fully completed by your Sponsor. BEFORE RETURNING THIS FORM IT MUST BE SIGNED BY AN AUTHORISED SIGNATORY – this is usually the Education Lead.

All lines to be completed by the Company/Organisation Sponsor.

This is to confirm that we will meet payment of the tuition fees for the under-mentioned student for his/her course at Bournemouth University prior to course commencement. The University will raise an invoice under normal trading terms, i.e. payment in full within 30 days of date of invoice.

Company/ Organisation Name			
Invoice Address			
Telephone Number		Email Address	

Sponsor Contribution (£)		Contact Name (Please Print)	
Student Contribution (£)		Signed	
Purchase Order Number		Date	

STUDENT TUITION FEES POLICY AND PROCEDURES: ACADEMIC YEAR 2018-19

Bournemouth University is committed to a fair and transparent policy in respect of tuition fee charges made to students. This is reflected in the assumption that it is students who carry the ultimate liability for payment of all fees charged by the University. The University reviews its fee policy on an annual basis and fees may therefore change each year unless otherwise specified.

Student Fees Policy 2018-19 – Failure to Pay Tuition Fees

Should students fail to pay any tuition fees and ignore requests for payment or fail to agree a repayment plan with the University, the sanctions set out below may be applied:

Withdrawal of student library borrowing rights; and/or Withdrawal of student IT rights; and/or Withdrawal from programme of study. Additionally, students will not be permitted to re-enrol; and not be issued with a final award certificate.

Tuition fee debts may be referred to external solicitors to pursue recovery of the debt.

Withdrawal Policy

A copy of the Bournemouth University's withdrawal policy (and other fee-related information) can be found at the following web address: <https://www1.bournemouth.ac.uk/students/help-advice/important-information>

Please return this form to: Programmes Administration Office, R109, Royal London House, Bournemouth University, Christchurch Road, Bournemouth BH1 3LT