



Post-reg Foundation Programme - FP1

Application Form – Cohort 4

DECLARATION BY PHARMACIST

Full name of pharmacist:

PSNI no:

Email address:

Work establishment:

I wish to enrol onto Part 1 of the Post-reg Foundation Programme (FP1) and agree to undertake the relevant practice activities to develop and demonstrate my competence.

Pharmacist signature:

Date:

DECLARATION BY EDUCATIONAL SUPERVISOR

Full name of ES:

PSNI no:

Email address:

I confirm that:

- I am a registered pharmacist with a minimum of 3 years' post-registration experience in pharmacy
- I have completed the NICPLD 'Effective mentoring' online course
- I have experience in supporting the professional development of pharmacy colleagues
- I am competent to take on the role of Educational Supervisor

I agree to support this pharmacist on Part 1 of the Post-reg Foundation Programme (FP1).

ES signature:

Date:

DECLARATION BY MANAGER

Full name of Manager:

I support this pharmacist's enrolment onto Part 1 of the Post-reg Foundation Programme (FP1).

I confirm that:

- the necessary training and support of their professional development will be provided at the above-named work establishment
- this will be provided by appropriately trained Educational Supervisors (and Practice Supervisors where appropriate) who are competent to take on these roles

Manager signature:

Date:

Please email completed form to nicpld-postreg@qub.ac.uk
by **12 noon on Wednesday 21st February 2024**