

Accredited Checking Pharmacy Technician (ACPT) Programme

Learning Contract

This contract details the agreement between the candidate and the educational supervisor. It should be signed and dated by each party at the start of the ACPT programme.

Part 1: Undertaking of the educational supervisor			
, (educational supervisor's name) make the following commitments to you,			
(candidate's name) for the duration of the accredited checking pharmacy technician programme at this work-base.			
will Meet regularly with you to provide support and guidance			
Ensure you complete your pre-course activities			
Discuss documentation of checking processes with you			
Support and encourage you to set times for your work-based activities			
Discuss clinical assessment requirements prior to the final checking of a dispensed item			
Discuss health and safety issues			
Discuss time management so that you can complete other commitments			
• Discuss when you need to refer to a pharmacist or a more experienced pharmacy technician and the limits of your authority			
Provide a copy of the standard operating procedures			
Discuss a time line with you to ensure completion within 3-12 months of workshop date			
Encourage your CPD			
 Treat you in a manner to facilitate your learning. This will include giving you the opportunity to contribute and put forward your ideas being approachable and providing help when asked or referring you to a more appropriate source of help agreeing targets with you and adapting plans as required. 			
• Welcome feedback from you regarding all aspects of the ACPT programme.			
Educational supervisor signature: Date:			
Candidate signature: Date:			



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Candidate name:				
Work-base:				
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be signed and dated by each party	at the start of the ACPT progra	amme.		
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Part 2: Undertaking of the candid	aate			
I,	(candidate's name) make the	following commitments to you,		
,	(canadate s name) make the	onowing communicates to you,		
	(educational supervisor's nam	e) for the duration of the ACPT		
programme.		-,		
I will				
Meet regularly with you to discuss my progress				
Take responsibility for my own learning and development				
Undertake the pre-course work				
Engage in CPD				
Adhere to work-base SOPs and policies				
Respect and be prepared to learn from colleagues at all levels				
Be a reliable and trustworthy member of the pharmacy team				
Receive feedback and use it to help me develop further				
Provide honest and constructive feedback about the ACPT programme and highlight any problems encountered				
Agree to work within the limitati	ons and remit of my own ability	1		
Refer to you for guidance				
Meet deadlines				
Educational supervisor signature:		Date:		
Candidate signature:		Date:		



Learning provider signature:

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Learning Contract

Candidate name:			
Educational supervisor:	Learning provider: NICPLD		
This contract details the agreement between the technician, the educate learning provider. It should be signed and dated by each party at the st	·		
Part 3: Undertaking of the learning provider NICPLD, the learning provider, make the following commitments to the supervisor named at the top of this page for the duration of the ACPT p			
NICPLD will:			
Promote the ACPT programme via social media and online at the NICP	LD website		
Process approved applications for candidates and educational super	rvisors		
Provide training by experts in the field of accredited checking			
Maintain copies of candidate's progress throughout the programme			
 Support the educational supervisors and candidates, when required, with the ACPT final appraisal by facilitating this at NICPLD 			
Support individuals who fail to meet the criteria and offer guidance			
 Provide guidance to educational supervisors and candidates regardi programme 	ng queries throughout the		
Issue a certificate of accreditation when candidate successfully meet	s the required criteria		
Oversee the reaccreditation process			
 Maintain a database of all trainee and qualified accredited checking N. Ireland 	pharmacy technicians in		
Review and update the regional programme on a yearly basis.			
Candidate signature:	Date:		
Educational supervisor signature:	Date:		

Date: