Application Form

NI Centre for Pharmacy Learning & Development

Candidate details:

Candidate name:

Work-base address:

Telephone:

Email:

Technician Qualification: BTEC Pharmacy Services ☐   Year of qualification

NVQ Level III Pharmacy ☐

Other (please state) ☐

Candidate signature: Date:

Educational supervisor (ES) details:

ES name:

Job Title:

Date of accreditation:

ES email:

ES signature: Date:

Clinical Pharmacy Manager (CPM) details and confirmation:

CPM name:

I confirm that:

- has the necessary approval from this Trust to undertake the programme
- meets the criteria for entry to the programme
- will be supported within this Trust throughout the programme.

CPM signature: Date: