



Pre and In-Process Checking for Pharmacy Technicians Programme (PIPC)

TRAINEE INFORMATION AND DECLARATION

Full name of pharmacy technician:

PSNI no:

Email address:

Work establishment:

Name of pharmacy technician qualification:

Date of qualification (to ensure 2 years qualified):

I wish to enrol onto the PIPC programme and I confirm I will undertake the relevant pre course and in-practice activities to develop and demonstrate my competence.

Trainee signature:

Date:

DECLARATION BY EDUCATIONAL SUPERVISOR

Full name of ES:

PSNI no:

Email address:

Year of registration / accreditation as PIPC:

I confirm that:

- I am a registered pharmacist with 2 years post registration experience or an accredited PIPC with a minimum of 2 years' post-accreditation experience
- I have /will undertake(n) the PIPC educational supervisor training provided by NICPLD
- I have experience in supporting and mentoring the professional development of pharmacy colleagues at my work base
- I have experience of facilitating staff
- I will be committed to meeting regularly with the candidate to ensure maximum support is provided

I agree to support this pharmacy technician with the PIPC programme they are undertaking

ES signature:

Date:



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PART 2 DECLARATIONS

I confirm that I have completed the pre-course activities which have been emailed to NICPLD. I have read the programme and am aware of my responsibilities and evidence requirements to successfully complete this programme.

Trainee signature:

Date:

I have ensured the pre-course activities have taken place. I understand my role as educational supervisor and will support the Pharmacy Technician named above who is applying for this accredited programme.

ES signature:

Date:

DECLARATION BY ASEPTIC SERVICES MANAGER

Full name of Aseptic Services Manager:

PSNI no:

I support this pharmacy technician's enrolment onto the PIPC Programme

I confirm that:

- the trainee has the necessary approval from this Trust
- the trainee meets the criteria outlined for entry onto the programme and has the required aseptic experience
- the trainee will be given the required support and resources to successfully complete this programme - this will be provided by an appropriately trained Educational Supervisor who is competent to take on this role
- I confirm the competencies listed below have been discussed and agreed by all parties concerned.

Competency range - initial plans:

Aseptic Services Manager signature:

Date: