



Pre and In-process Checking  
Accredited Programme (PIP)

# Application Form

Candidate's name:

Candidate's signature:

Work-base address:

Email:

Telephone:

Technician qualification  BTEC Pharmacy Services  NVQ Level III Pharmacy

Other (please state):

Date of qualification (to ensure 2 years as qualified):

Workplace educational supervisor's name:

Job title:

Educational Supervisor's year of registration/year of qualification as PIP checker:

Educational Supervisor's email:



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Accredited Programme (PIP)  
**Application Form**

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

Candidate's signature: \_\_\_\_\_

Competency range-initial plans: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

Educational Supervisor's signature: \_\_\_\_\_

**Aseptic Lead confirmation and approval.**

I confirm that the candidate has the necessary approval from this Trust and the required aseptic experience. This candidate will be given the required support and resources to successfully complete this programme. I confirm the competencies listed above have been discussed and agreed by all parties concerned.

Aseptic Services Manager's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Aseptic Services Manager's Signature: \_\_\_\_\_

Date: \_\_\_\_\_