 Faculty of Science

**School of Pharmacy and Biomolecular Sciences**

# Supplementary information for Application to study for the

# Postgraduate Certificate / Postgraduate Diploma / MSc in Clinical Pharmacy in Secondary and Tertiary Care

A Please complete the online form at [*https://uaf.ljmu.ac.uk*](https://uaf.ljmu.ac.uk/) and upload the completed version of this form, along with the required documents (see below), before submitting

## How to apply

1. Select the course that you would like to study from the drop-down menu – please check that you have chosen the correct target award (MSc, PgDip or PgCert), course (Secondary and Tertiary Care), entry point (March or September), and year. The programmes are all studied part time.
2. Complete the online application form, ensuring that you have provided details of your pharmacy qualification and any other university qualifications (note, A-Level and GCSE/equivalent qualifications do not need to be listed)
3. Complete the supplementary information in this form & upload the completed form to your online application
4. Upload the following documents to your online application:
   1. Certificate(s) for any degree level or postgraduate qualifications listed in your application
   2. If applying for direct entry to the PgDip or MSc year of the programme
      1. Transcript from the Board of Examiners (or equivalent title), which lists the modules completed (and their academic credit rating) and mark(s) achieved
      2. Copies of the module guides for the modules completed or programme guide, to allow the team to assess which modules on the programme can have accreditation of prior experience and learning granted
   3. If English is not your first language
      1. Details of the university level qualification that you have recently completed in English, **or**
      2. A copy of a recent IELTS certificate
5. Ask the Lead Pharmacist for Education (or equivalent) in your department to e-mail the following documents to [pbs-office@ljmu.ac.uk](mailto:pbs-office@ljmu.ac.uk):
   1. A completed and signed practice-based support declaration form. Please note that this form has been designed to allow Trusts to submit one form for all their pharmacists applying for a particular cohort
   2. A two-page summary CV from your practice-based pharmacist tutor
   3. If your employer is paying all or part of your fee, a copy of the purchase order

*NOTE: all documents need to be submitted by the application deadline listed on the website. Late submissions may be possible if the programme team are If there is to attach documents after this date, you will need to email them to the School office:* [*PBS-Office@ljmu.ac.uk*](mailto:PBS-Office@ljmu.ac.uk)

## You & your employment

|  |  |
| --- | --- |
| Name: |  |
| Email address: |  |
| GPhC/PSNI registration number: |  |
| Confirm that your GPhC/PSNI CPD/CFtP entries are up to date: *(Note that you may be asked to provide copies of your CPD records to confirm this)* | Yes / No\* |
| Member of the Royal Pharmaceutical Society: | Yes / No\* |
| If yes, Royal Pharmaceutical Society number |  |

## Present and previous pharmacy appointment(s), including pre-registration training

|  |  |  |  |
| --- | --- | --- | --- |
| **Job title** | **Employer** | **Date started** | **Full time/WTE** |
|  |  |  |  |
|  |  |  |  |

## Please give details for two professional or academic referees (one must be your current line-manager):

|  |  |  |
| --- | --- | --- |
| **Detail** | **Referee 1 (Line manager)** | **Referee 2** |
| Name: |  |  |
| Job title: |  |  |
| Telephone number: |  |  |
| Email address: |  |  |

## Target award

Please indicate the target award that you wish to register for:

|  |  |
| --- | --- |
| Postgraduate **Certificate (PgCert)** |  |
| Postgraduate Diploma (PgDip) – starting in 1st year |  |
| Postgraduate Diploma (PgDip) - ‘top-up’ from PgCert |  |
| **Master** of Science (MSc) – starting in 1st year |  |
| **Master** of Science (MSc) – ‘top-up’ from PgDip |  |

## Fees

|  |  |
| --- | --- |
| Where were you born? | UK or EU / Outside EU\* |
| *If ‘’Outside EU”, please state:* | |
| Date of first entry to EU: |  |
| Date of most recent entry to EU: |  |
| Date from which you have been granted permanent residence in the EU: |  |

If you were born outside of the UK, you may be asked to complete additional documentation to confirm your fee status. These forms will be forward to you by email, please ensure they are completed and returned as soon as possible.

Please choose one of the following options to indicate who will be paying the programme fees:

|  |  |
| --- | --- |
| I will be paying the **full** programme fee personally |  |
| My employer will be paying the full programme fee *(a copy of the purchase order number will be provided by your organisation’s education lead)* |  |
| Both I and my employer are taking **joint responsibility** for paying the programme fee  *(Please indicate the proportion that each party will pay - a copy of the purchase order number will be provided by your organisation’s education lead)* | **My** employer will pay: \_\_\_\_\_\_\_%  **I** will pay: \_\_\_\_\_\_\_ % |

By submitting this application, I declare that the information given in the application is accurate and true to the best of my knowledge. I agree to honour any commitments that I have made to pay course fees. I agree to the university sharing information with my employing organisation if any concerns regarding my Fitness to Practise or the level of support that I require are raised through my studies.

Please note that a partially completed application will cause delays and may result in you not be offered a place for your chosen start date