 Faculty of Science

**School of Pharmacy and Biomolecular Sciences**

# Postgraduate Certificate / Postgraduate Diploma / Master of Science in Clinical Pharmacy for Secondary and Tertiary Care Practice-based Support and Arrangements for Payment of Fees Declaration form

This form can be completed for either individual applicants or as a summary for all applicants applying from an individual organisation. When complete, please forward the completed form to pbs-office@ljmu.ac.uk

Individuals signing the form are acknowledging that they will endeavour to fulfil the roles and responsibilities outlined in the ‘*Arrangements for Practice-based Support’* document, which is available on the website*.* If practice-based tutors have not fulfilled this role in the last three years, a copy of their curriculum vitae (CV) will need to be submitted with this form.

Please ensure this form is fully completed before submission to avoid delays in applicant registration and reduce the volume of e-mails requesting information.

If a student’s practice-based tutor changes at any point in the programme, page three will need to be completed for that student and e-mailed to pbs-office@ljmu.ac.uk along with a copy of the new tutor’s CV.

**Arrangements for Payment of Programme Fees**

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| **Applicant’s Name** | **Proportion (%) of Fees to be Paid by the Employing Organisation** | **Purchase Order Number**  |
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**Name of Education Lead:**

**Signature of Education Lead:**

**Declaration of Practice-based Support**

**Workplace Education Supervisor Details**

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| **Applicant’s Name** | **Name of Workplace Education Supervisor (ES)**  | **Workplace Education Supervisor NHS E-mail** | **Signature of Workplace Education Supervisor** | **Date Previous Student You were ES for Completed the Programme**  |
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**Education Lead Declaration**

I agree to ensure that the applicant will be granted time to attend scheduled teaching events, provided with access to practice-based learning opportunities (as set out in the Arrangements for Practice-based Support document) and their Workplace Education Supervisor meets the requirements specified in the aforementioned document. If a Workplace Education Supervisor is unable to support the student for any prolonged period, a new one will be appointed and LJMU notified in a timely fashion.

**Name of Education Lead: Signature of Education Lead:**