



Independent and/or Supplementary Prescribing

Application form for NMC (V300) & HCPC Registrants

Thank you for your interest in studying at the University of Winchester.

Please email your completed form and any additional sheets/ evidence of qualifications to **admissions@winchester.ac.uk** or print out and post to **Admissions Team, University of Winchester, Sparkford Road, Winchester, Hampshire SO22 4NR**

GENERAL INFORMATION

It is essential that you consult your organisations Non-Medical Prescribing policy (where available) prior to application and follow the local guidance on applying for a prescribing programme and funding. Please ensure you have completed and included the following sections:

Completed by applicant

- Section 1 – Applicants Personal Information
- Section 2 - Programme Requirements / Entry Criteria (a or b and all applicants section c)

Completed by employing organisation

- Section 3 – Designated Supervisor confirmation (DPS)
- Section 4 - Designated Prescribing Practitioner confirmation (DPP)
- Section 5 – DMP Sign off
- Section 6 – Practice Audit Documents
- Section 7 – NMP lead / employer confirmation

I understand that:

- a) I will not be accepted onto the course until a fully completed application form and any other required information is received by the programme admissions team.
- b) If I am a Dietitian or Diagnostic Radiographer I am only eligible to apply for Supplementary Prescribing.
- c) Self-employed Practitioners will be contacted if further information is required after appraisal of the submitted application, and an interview with the programme lead may be required.
- d) Aesthetic practitioners please refer to the entry criteria stipulated in the Framework for Cosmetic Practitioners (available at: www.jccp.org.uk/ckfinder/userfiles/files/JCCP%20Competency%20Framework%20final%20V8%20September%202018.pdf and discuss with the programme lead, before commencing this application.
- e) Your data will be used and kept only for the purposes it was obtained in alignment with the privacy notice that is at the end of this form and with the university Privacy Policy: <https://www.winchester.ac.uk/about-us/leadership-and-governance/privacy-and-cookie-policy/>

If you have any queries regarding this application form, please contact David.Voegeli@winchester.ac.uk

TO BE COMPLETED BY THE APPLICANT

1. APPLICANT PERSONAL DETAILS

| | |
|---|--|
| TITLE | |
| FIRST NAME(S) | |
| PREFERRED NAME | |
| SURNAME | |
| PREVIOUS NAME(s) (if applicable) | |
| DATE OF BIRTH (DD/MM/YY) | |
| GENDER | |
| NMC/HCPC PIN | |
| DATE QUALIFIED (DD/MM/YY) | |
| EXPIRY DATE (DD/MM/YY) | |

| CONTACT ADDRESS <i>(all written communication sent to this)</i> | HOME ADDRESS <i>(if different from contact address)</i> |
|--|---|
| | |
| <i>If possible, both a landline and mobile number should be supplied</i> | |
| LANDLINE | MOBILE |
| | |
| <i>Email (please note important information relating to your application will be sent to you by email. Please ensure that your email address can be easily read and that your email account will accept email sent from addresses ending @winchester.ac.uk).</i> | |
| EMAIL ADDRESS | |
| | |

EMPLOYER DETAILS

| | |
|--|--|
| CURRENT ROLE | |
| DATE STARTED IN ROLE (DD/MM/YY) | |
| TRUST / ORGANISATION | |
| WARD / DEPARTMENT / UNIT | |
| HOSPITAL | |
| ADDRESS | |
| EMAIL ADDRESS | |
| TELEPHONE NO. | |

EMPLOYMENT HISTORY

Please provide details of your employment history over the last five years:

| Dates (From/To) | Workplace & Specialism | Brief description of job role |
|------------------------|-----------------------------------|--------------------------------------|
| | | |

2. PROGRAMME REQUIREMENTS/ ENTRY CRITERIA- SELF – DECLARATION OF COMPETENCY

| | |
|------------------------------------|--|
| APPLICANT NAME | |
| PROFESSION | |
| EMPLOYING ORGANISATION NAME | |
| START DATE OF CURRENT ROLE | |

To fulfil regulatory requirements, you must be competent in the following areas: Clinical assessment, diagnosis, planning and evaluation of care: Please explain below (no more than 200 words) how you have developed and maintained your competencies in these skills. You should include details of how you have been assessed in practice / and / or accredited programmes e.g. appraisals, competency frameworks, university courses.

| |
|--|
| |
|--|

Please explain below (no more than 200 words) how the ability to prescribe medications independently will transform practice and inform patient / client care (if you have been required to give this information on an application to your own organisation, you may wish to replicate that here). If you are a self-employed practitioner, please clearly indicate your proposed area of practice.

| |
|--|
| |
|--|

Please explain below (no more than 200 words) how you will gain regular access to patients within your area of clinical practice to achieve the required 90 hours supervised practice. If you are self-employed or accessing a Practice Assessor/ Practice Educator / DMP from another organisation this must also demonstrate how clinical governance will be achieved whilst you are achieving this – e.g. honorary contracts – written agreements.

| |
|--|
| |
|--|

| SECTION 2b – this must not be signed until you have completed ALL parts of the application | Yes / No |
|--|-----------------|
| Nurses, SCPHN - I have been qualified for a minimum of one year and articulated my competence to be a future prescriber in section 1 | |
| <p>Paramedics</p> <ul style="list-style-type: none"> • I have been qualified for 5 years and have been working at an advanced level for 1 year within my speciality where the inability to prescribe has limited my practice. • I am currently in a clinical role and to the best of my knowledge will remain for the next 3 years • I have completed / I am working towards an advanced practice qualification at level 7 (MSc) as defined by Health Education England (HEE). • I have a qualification and evidence of continuing competency in physical examination, clinical skills, diagnostics, decision making in an area relevant to my clinical area (evidence of qualification to be scanned in with this document). | |
| <p>Physiotherapists, Therapeutic Radiographers, Podiatrists, Dietitians, Diagnostic Radiographers</p> <p>I have been qualified for a minimum of three years in the area I will be prescribing and have articulated my competence to be a future prescriber in section 1</p> | |
| All Applicants to Complete | Yes / No |
| I have a current enhanced Disclosure and Baring Service (DBS) that adheres to my employing organisation's governance policy, and I confirm there are no circumstances that have required reporting to my regulatory body since the DBS was issued. You do not need to provide a copy but include Date of Issue. | |
| I have read and understood and will comply with my regulators Professional Code of Conduct: NMC (2018) 'The Code', HCPC (2016) Standards of Conduct, Performance & Ethics | |
| I have not been found guilty of misconduct under any University Student Disciplinary Regulations or deemed unfit to practise by any regulatory body (if yes please contact the Programme Lead to discuss before completing this form) | |
| I have a lower second-class honors degree (2:2) or above in a relevant subject from a UK university (or an overseas equivalent) OR equivalent qualifications and experience. I have attached evidence of my degree + qualification (certificates or official transcripts) to my application. | |
| <p>I can confirm that the protected learning time has been negotiated and agreed by my employer before entry onto the programme:</p> <ul style="list-style-type: none"> • 10 Face to Face Learning Days, 16 Directed Learning Days • 90 hours of supervised Learning in Practice | |
| I have access to wider clinical areas to support learning. | |
| I understand that there is a 100% attendance requirement for the 10 face to face days. Unexpected absences will require discussion with the programme leader | |
| I understand that the Independent Prescribing programme is intensive and that there is an expectation that I will need to devote around 300 hours to studying. | |
| My organisation has access to a pharmacist, a medical director and a Non- Medical Prescribing Lead (or equivalent) and Clinical Governance policies are in (or being developed) place to support Independent Prescribing. | |

TO BE COMPLETED BY MANAGER OF EMPLOYING ORGANISATION

3. DESIGNATED PRESCRIBING SUPERVISOR (DPS)

| | | |
|---|--|------------------------|
| DPS NAME | | |
| DPS PROFESSION | | |
| NAME OF STUDENT BEING SUPERVISED | | |
| DPS EMAIL ADDRESS | | |
| DATE DPS QUALIFIED AS A PRESCRIBER | | |
| DPS NMC / HCPC/ GPhC No. | | Checked by UOW: |

| DPS EXPERIENCE: | Yes / No |
|---|-----------------|
| At least 1 years' experience of prescribing independently within the field whose experience is deemed appropriate from supporting organisation | |
| I have a current enhanced Disclosure and Baring Service (DBS) that adheres to my employing organisations governance policy, and I confirm there are no circumstances that have required reporting to my regulatory body since the DBS was issued. You do not need to provide a copy but include Date of Issue | |
| I have read understood and will comply with my regulators code of professional standards and behaviour | |
| I have not been found guilty of misconduct or deemed unfit to practise by any regulatory body. | |
| I can confirm that I am sufficiently impartial to make an objective supervision of the students' placement | |
| I can confirm that I am willing to undertake DPS preparation in relation to the programme. <i>(All Practice Assessors/ Practice Educators/ Practice Supervisors must access the University of Winchester Preparation Pack and attend a 2-hour workshop via Microsoft Teams or recorded version).</i> | |
| I understand that this programme initiates a multi-faceted relationship between me as the Supervisor (DPS), the assessor (DPP), the student, and the employer which will require communication between said parties in relation to the students' clinical and educational progress. | |

| | |
|--|--|
| Please state how many students you are currently (will be) supporting as a DPS | |
| If you are being paid for your time to undertake this role, please confirm you have included a copy of your student / supervisor agreement | |
| If you are supporting a self-employed practitioner, please also confirm you have completed section 7. | |

Please indicate **below** how time has been agreed at organisational level for you to support the supervision of the prescribing student in practice (20 hrs given as a guide)

Self-Declaration of competency to fulfil role of assessor for the given student: Your data will be used and kept only for the purposes it was attained and in alignment with the university policy on GDPR

I confirm the answers I have provided above are correct and support the duty of candour required from a regulated professional.

| | |
|---------------------------------|--|
| DPS SIGNATURE | |
| DATE (<i>DD/MM/YY</i>) | |

**4. DESIGNATED PRESCRIBING PRACTITIONER / PRACTICE ASSESSOR / PRACTICE EDUCATOR
 – (USE FORM IN SECTION 5 IF USING A DMP)**

| | |
|---|------------------------|
| DPP NAME | |
| DPP PROFESSION | |
| NAME OF STUDENT BEING SUPERVISED | |
| DPP EMAIL ADDRESS | |
| DATE DPP QUALIFIED AS A PRESCRIBER | |
| DPP NMC / HCPC/ GPhC No. | Checked by UOW: |

| DPP Experience | Yes / No |
|--|-----------------|
| At least 3 years' experience of prescribing independently within the field whose experience is deemed appropriate from supporting organisation | |
| If you have not been nominated for this role from a supporting organisation then please also provide a professional reference in relation to your suitability based on the criteria set out in section 8 | |
| I have a current enhanced Disclosure and Baring Service (DBS) that adheres to my employing organisations governance policy, and I confirm there are no circumstances that have required reporting to my regulatory body since the DBS was issued. You do not need to provide a copy but include Date of Issue | |
| I have read understood and will comply with my regulators code of professional standards and behaviour | |
| I have not been found guilty of misconduct or deemed unfit to practise by any regulatory body. | |
| I can confirm that I am sufficiently impartial to make an objective assessment of the students' performance. | |
| I can confirm that I am willing to undertake DPP / Practice Assessor / Practice Educator preparation in relation to the programme. <i>(All Practice Assessors/ Practice Educators/ Practice Supervisors must access the University of Winchester Preparation Pack and attend a 2-hour workshop via Microsoft Teams or recorded version).</i> | |
| I can confirm the suitability of the student based on the entry criteria | |
| I understand that this programme initiates a multi-faceted relationship between me as the assessor (DPP), the student, the employer, and the supervisor (DPS) which will require communication between said parties in relation to the students' clinical and educational progress. | |

| | |
|--|--|
| Please state how many students you are currently (will be) supporting as a DPS | |
| If you are being paid for your time to undertake this role, please confirm you have included a copy of your student / supervisor agreement | |

Please indicate **below** how time has been agreed at organisational level for you to support the supervision of the prescribing student in practice (20 hrs given as a guide)

Self-Declaration of competency to fulfil role of assessor for the given student: Your data will be used and kept only for the purposes it was attained and in alignment with the university policy on GDPR

I confirm the answers I have provided above are correct and support the duty of candour required from a regulated professional.

| | |
|---|--|
| DPP SIGNATURE (<i>Must be handwritten</i>) | |
| DATE (<i>DD/MM/YY</i>) | |

5. DESIGNATED MEDICAL PRACTITIONER (DMP) DECLARATION

| As the Designated Medical Practitioner (DMP) I can confirm that: | Yes / No |
|--|----------|
| I am registered with the GMC. | |
| I am a Registrar, GP or above. | |
| I can devote sufficient time to support the student in achieving 90 hours of supervised practice learning. | |
| I must be sufficiently impartial to the outcome for the student and, wherever possible, should not be the same person sponsoring the student to undertake the programme. | |

| Department of Health (Nov 2001) Criteria: | Yes / No |
|--|----------|
| Are you a registered medical practitioner who: (i) has had at least 3 years medical, treatment and prescribing responsibility for a group of patient/clients in the relevant field of practice? | |
| and are you: (ii) (a) within a GP practice and either vocationally trained or in possession of a certificate of equivalent experience from the Joint or Post-Graduate Training in General Practice? | |
| OR (b) a specialist registrar, clinical assistant or a consultant within an NHS Trust or other NHS employer? | |
| and have you: (iii) the support of the employing organisation or GP practice to act as the designated medical practitioner who will provide supervision, support and opportunities to develop competence in prescribing practice? | |
| and have you: (iv) some experience or training in teaching and/or supervision in practice? | |

If you are not an Approved Training Practice/Institution, then please outline **below** your experience of teaching, supervision and assessment of students.

DESIGNATED MEDICAL PRACTITIONER DETAILS

| | | |
|---|--|------------------------|
| DMP NAME | | |
| DMP JOB TITLE | | |
| ORGANISATION | | |
| DMP EMAIL ADDRESS | | |
| GMC REGISTRATION No. | | Checked by UOW: |
| DMP SIGNATURE (<i>Must be handwritten</i>) | | |
| DATE (DD/MM/YY) | | |

6. PRACTICE PLACEMENT AUDIT

To comply with regulatory requirements all placements must be suitable to support practice learning even if most of your learning will be taking place within your own workplace. Many of CQC / HIW / HIS regulated organisations will already have one in place.

We can accept audits that have been undertaken by other universities and if the organisation has been registered as a training pharmacy by the GPhC.

Audits are required to be undertaken every two years and your educational department / Practice Learning Leads will be able to advise you of when they were last undertaken.

Those working within cosmetic private practice must be compliant and active members of a professional standards register (related to cosmetic practice).

It is the student's responsibility to ensure this is in place for their practice area, and that of the DPS and of the DPP/DMP. Please contact the programme team for advice if unsure.

Any other private practitioners/ self- employed applicants should contact the programme lead David.voegeli@winchester.ac.uk to discuss how these would be undertaken.

| Student Placement Area | | | | |
|---|------|------|------|-----------|
| Employing organisation name | | | | |
| Regulated by <i>(please tick)</i> | CQC | HIW | HIS | |
| Or member of <i>(please tick)</i> | BACN | JCCP | WACS | SAVE FACE |
| Audit undertaken by whom | | | | |
| Date of Current Audit <i>(DD/MM/YY)</i> | | | | |

| Designated Prescribing Supervisor (DPS) Workplace | | | | |
|---|------|------|------|-----------|
| Employing organisation name | | | | |
| Regulated by <i>(please tick)</i> | CQC | HIW | HIS | |
| Or member of <i>(please tick)</i> | BACN | JCCP | WACS | SAVE FACE |
| Audit undertaken by whom | | | | |
| Date of Current Audit <i>(DD/MM/YY)</i> | | | | |

| Designated Prescribing Practitioner (DPP/ DMP) Workplace | | | | |
|--|------|------|------|-----------|
| Employing organisation name | | | | |
| Regulated by <i>(please tick)</i> | CQC | HIW | HIS | |
| Or member of <i>(please tick)</i> | BACN | JCCP | WACS | SAVE FACE |
| Audit undertaken by whom | | | | |
| Date of Current Audit <i>(DD/MM/YY)</i> | | | | |

7. TO BE COMPLETED BY NMP LEAD/MANAGER/PROFESSIONAL REFEREE

As the Independent Prescribing Lead (NHS settings) / Manager / Professional Referee I can confirm that:

- a) The applicant has been considered as competent to take a case history; undertake a clinical / health assessment; diagnostics / care management; planning and evaluation.
- b) The applicant has sufficient knowledge to apply prescribing principles taught on the course to their own field of practice
- c) The applicant has discussed with their manager / DPP / DMP how the 90 hours supervised learning, the 10 face to face days and the 16 directed learning days will take place
- d) There is a clinical need for the applicant to be able to prescribe medications
- e) The organisation has deemed the DPS and DPP/DMP as appropriate to supervise and assess the applicant in practice

NMP Lead / Line Manager / Professional Referee Details

| | |
|------------------------------|--|
| NAME | |
| JOB TITLE / POSITION | |
| ORGANISATION | |
| EMAIL ADDRESS | |
| CONTACT TELEPHONE No. | |

By signing this I am declaring that I have the authority within the organisation to appraise the suitability of the applicant and to nominate them to undertake the IP Programme.

| | |
|------------------------|--|
| SIGNATURE | |
| DATE (DD/MM/YY) | |

8. PRIVACY NOTICE

Applications Privacy Notice

1. The University of Winchester treats the personal data and the special category data of its students and its potential students very seriously. It complies fully with the UK General Data Protection Regulation (UK GDPR), the Data Protection Act 2018 and any national implementing laws, regulations and secondary legislation, as amended or updated from time to time. As a public authority the University is regulated by the Information Commissioners' Office (ICO) and more information on that body can be found here: ico.org.uk
2. The personal data provided is processed under a range of different lawful basis. For the personal data supplied on this application the University is relying on the lawful bases of 'contract', as set out under [Article 6\(1\)\(b\)](#) 'public task', as set out under [Article 6\(1\)\(e\) of the UK GDPR](#) and where necessary, the lawful basis of 'legal obligation' as set out under [Article 6\(1\)\(c\)](#)
3. Where the University needs to process any special category information that is supplied in the application form it relies upon on [Article 9\(2\)\(g\) of the UK GDPR](#); "processing is necessary for reasons of substantial public interest, on the basis of Union or Member State law which shall be proportionate to the aim pursued, respect the essence of the right to data protection and provide for suitable and specific measures to safeguard the fundamental rights and interests of the data subject."
4. The purposes of the processing for the personal data supplied in the information form include:
 - a. To enable entry applications to be considered and to allow Admissions Advisors, where applicable, to support applicants through the process ["Public Task" & "Contract"]
 - b. To enable the University to initiate a student record should an applicant be offered a place ["Public Task" & "Contract"]
 - c. To enable the University to compile application statistics for reporting to external organisations, including the Office for Students and Higher Education Statistics Agency (HESA) ["Legal Obligation"]
 - d. The administration of applications information at the University ["Public Task" & "Contract"]
 - e. Personal detail information including name, date-of-birth, gender, etc. is processed under "Public Task" & "Contract"
 - f. Contact detail information including home and correspondence addresses is processed under "Public Task" & "Contract"
 - g. Information relating to any professional work experience including DPS, DPP and DMP, is processed under "Public Task" & "Contract"
5. Disability and Equality monitoring is processed under "Legal Obligation" and for the special category information, under Article 9(2)(g)
6. Referee information and funding source information is processed under "Public Task" & "Contract"
7. Where the University has to supply statistical information to Office for Students and Higher Education Statistics Agency (HESA) as part of its processing under "Legal Obligation", the information will be anonymised.
8. As an individual you have rights available to you regarding the use of your data. More information on these rights can be found [here](#). To exercise any of these data rights, please contact the Data Protection Officer, whose details are listed at the end of this notice.

9. Should you have concerns about how the information you provide on this application is used, you can raise them with the University's Data Protection Officer. Alternatively, you have a right to contact the ICO to raise any concerns you may have. Details on how to contact the ICO can be found [here](#).
10. The University will review and, where necessary, update this privacy notice in line with any future statutory guidance, requirements and developments.

The name and contact details of our organisation are:

The University of Winchester,
Sparkford Road,
Winchester,
Hampshire,
SO22 4NR,
United Kingdom.
Tel: +44 (0) 1962 841515

The University Data Protection Officer is:

Stephen Dowell,
The University of Winchester,
Sparkford Road,
Winchester,
Hampshire,
SO22 4NR,
United Kingdom.
Tel: +44 (0) 1962 841515, Ext. 7217
Email: stephen.dowell@winchester.ac.uk