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| Institute of Health and Allied Professions |
| Learning contract  Independent and Supplementary Prescribing |
| Version: 1  Date: Sept 2022 |

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| Version: 01  Date: xx/xx/xx  Details:  Version: 02  Date: xx/xx/xx  Details: |  |  |

# Student

Name

NMC/HCPC number

Course start date

# Practice Assessor for NMC registrants

Name

NMC/HCPC/GMC number

Please confirm that you meet the following requirements.

I confirm that I have previous experience of teaching, supervising and assessing or have a relevant qualification

I confirm that I hold a relevant prescribing qualification and am an active prescriber.

I confirm that I have read, understood and comply with the RPS competency for Designated Prescribing Practitioners.

I understand that the student requires supervised prescribing practice and will require regular supervision discussions to ensure that they are achieving the competencies in practice.  The student will complete their portfolio based on these**.**

**I confirm that I have no conflict of interest in acting as a Practice Assessor for this student.**

**I understand it is my responsibility to escalate any concerns regarding the safety of the student’s practice to the course team.**

Signature

Date

# Practice Supervisor

Name

NMC/HCPC/GMC number

I confirm that I am appropriately experienced to supervise the student to meet their learning outcomes.

I confirm that I can commit to providing 90 hours of supervision as per the module handbook.

I confirm that I have previous supervision experience and am competent in clinical assessment and diagnosis.

**I confirm that I have no conflict of interest in acting as a Practice Supervisor for this student.**

Signature

Date

Name

NMC/HCPC/GMC number

I confirm that I am appropriately experienced to supervise the student to meet their learning outcomes.

I confirm that I have previous supervision experience and am competent in clinical assessment and diagnosis.

**I confirm that I have no conflict of interest in acting as a Practice Supervisor for this student.**

Signature

Date

Name

NMC/HCPC/GMC number

I confirm that I am appropriately experienced to supervise the student to meet their learning outcomes.

I confirm that I can commit to providing 90 hours of supervision as per the module handbook.

I confirm that I have previous supervision experience and am competent in clinical assessment and diagnosis.

**I confirm that I have no conflict of interest in acting as a Practice Supervisor for this student.**

Signature

Date

# Practice Educator for HCPC registrants

Name

HCPC/GMC number

On behalf of the HCPC, NTU are obliged to ensure that you meet the requirements for this role as set out by the Royal Pharmaceutical Society in their ‘Competency Framework for Designated Prescribing Practitioners’.

This requires us to ensure that you have the required personal characteristics, skills, knowledge, teaching and training skills, that you are able to deliver the role and that the learning environment is appropriate.

**We therefore request that you send a CV and a statement outlining your suitability to act in the role of Practice Educator for the above-named student and how your area of practice aligns with theirs.**

I understand that the student requires supervised prescribing practice and will require regular supervision discussions to ensure that they are achieving the competencies in practice.  The student will complete their portfolio based on these**.**

I confirm that I can commit to providing 90 hours of supervision as per the module handbook.

**I confirm that I have no conflict of interest in acting as a Practice Assessor for this student.**

**I understand it is my responsibility to escalate any concerns regarding the safety of the student’s practice to the course team.**

Signature

Date