

# BTEC Level 3 Diploma in Pharmaceutical Science

## Enrolment Form – Page 1 of 4

Please complete all fields, in block capitals, and delete where appropriate. Please note, we ask for a personal email address as we may need to disclose confidential information to you during your time on the course.

### 1. Learner Details

Title:  Mr  Mrs  Miss  Ms Other please state

First name: (Your full legal first name that will appear on your certificate)

Middle name(s):

Surname: (Your full legal surname name that will appear on your certificate)

Email address: (please provide a personal email address)

Date of birth: (dd/mm/yyyy)

Gender:

Male  Female

Employee number: (if applicable)

Do you wish to discuss any potential need for additional support with a member of the Buttercups Training staff?

Have you previously enrolled onto or completed course(s) with Buttercups Training?

Yes  No

If yes, please state the name of the course(s):

### 2. How Did You Hear About Us?

Please let us know how you heard about Buttercups Training.

- Existing / returning customer  
 Social Media  
 Word of mouth  
 Advert  
 Member / buying group  
 Search engine

Other: (please specify)

### 3. Company Details

Company name:

Trading as: (if applicable)

Company address:

Postcode:

Telephone number:

Email address:

Please provide the name(s) and membership number(s) of any member organisations / buying groups that you are a member of:

### 4. Company Invoice Address (if different from above)

Company name:

Trading as: (if applicable)

Company address:

Postcode:

Telephone number:

Email address:

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### 5. Course Delivery

This course is available to complete either as a paper version, or online with interactive tutorials. Please indicate how you would like this course to be delivered:

- Paper  
 Online

### General Data Protection Regulation:

Under UK and European Data Protection legislation, data from which living individuals can be identified are classed as 'personal data'. The handling of personal data has to comply with legal requirements covering such things as the way in which this information is acquired, how it is processed and the extent to which it is disclosed or transferred to others. Buttercups Training needs to store data about you and your course progress. It will be used in accordance with the relevant legislation, including the GDPR 2016 and the Data Protection Act 2018. If you have any questions about the use of the data collected by Buttercups Training, please view our Privacy Notice (<https://buttercupstraining.co.uk/content/general-data-protection-regulation>) or contact [GDPR@buttercups.co.uk](mailto:GDPR@buttercups.co.uk).

### 6. Learner Signature

- I agree to the learner agreement on page 4 of this enrolment form.

Signature:

Date: (dd/mm/yyyy)

### 7. Manager Declaration

- I confirm that the learner is working within the workplace named in the company details section and I have the authority to approve their enrolment on the course.

It is required that the learner has a named mentor to support them during their time on the course. This person must meet the necessary requirements for this role found on page 4 of this enrolment form. Please select one of the options below:

- I agree to act as the mentor for this learner and confirm I meet the necessary requirements for this role found on page 4 of this enrolment form.  
**OR**  
 I am unable to act in the role of mentor and will ensure that details of an alternative mentor is provided in Section 8.

First name(s):

Surname:

GPhC / PSNI registration number: (if applicable)

Date of birth: (dd/mm/yyyy)

Email address: (please provide a personal email address)

Signature:

Date: (dd/mm/yyyy)

### 8. Alternative Mentor Details

- I agree to act as the mentor for this learner and confirm I meet the necessary requirements for this role found on page 4 of this enrolment form.

First name(s):

Surname:

GPhC / PSNI registration number:

Date of birth: (dd/mm/yyyy)

Email address: (please provide a personal email address)

Signature:

Date: (dd/mm/yyyy)

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### Course Requirements

#### Declaration of Intention:

In order to register with the General Pharmaceutical Council (GPhC) as a pharmacy technician, candidates must meet a number of requirements:

- Completion of an approved competence-based qualification
- Completion of an approved knowledge-based qualification
- 2 years relevant work-based experience working under the supervision, direction or guidance of a pharmacist or pharmacy technician to whom the applicant was directly accountable for a minimum of 14 hours per week (note: this commences from the day the candidate is enrolled onto a relevant training programme)

**NOTE: Completion of this course will only satisfy the approved knowledge based qualification requirement**

Completing all the requirements above does not guarantee registration with the GPhC. The pharmacy regulator will undertake further checks on character, health and relevant work experience before registration is granted. As of July 2011 it is an offence for anyone who is not registered with the General Pharmaceutical Council to pretend to be a pharmacy technician.

If you are working for a minimum of 14 hours per week under the supervision, direction or guidance of a pharmacist or pharmacy technician then you will be known as a **pre-registration trainee pharmacy technician**. You will be subject to the Code of Conduct for pre-registration trainee pharmacy technicians set out by the GPhC and will be eligible to apply for registration as a pharmacy technician on successful completion of all necessary training.

If you will be completing the course without the required supervision, direction or guidance of a pharmacist or pharmacy technician you **will not** be able to refer to yourself as a pre-registration trainee pharmacy technician and will not be able to apply for registration until the necessary work experience has been undertaken. For further guidance on this, please visit our website [www.buttercups.co.uk](http://www.buttercups.co.uk) or contact [training@buttercups.co.uk](mailto:training@buttercups.co.uk).

The study time to complete the course is 720 hours over 2 years, you will need access to the following resources as a minimum:

- The BNF
- The Medicines Ethics and Practice Guide
- The Drug Tariff
- Access to the internet (for example, at home or the local library)

#### 9. Learner Declaration (please tick one box only and sign below):

As the trainee I understand that when undertaking this training course with Buttercups Training Ltd:

- As I am working with the required level of pharmacist or pharmacy technician supervision / direction / guidance** I can practise as a pre-registration trainee pharmacy technician but my registration with the GPhC will require further checks and is not guaranteed. I am aware I should abide by the Code of Conduct set out by the GPhC and any concerns with regard to my health, conduct or performance will be reported to Buttercups Training Ltd and / or the GPhC. This could result in my course being terminated or my registration being refused.
- I do not have the required level of pharmacist or pharmacy technician supervision / direction / guidance** so will not be eligible to register as a pharmacy technician on completion of the courses and cannot call myself a pre-registration trainee pharmacy technician whilst I study the course.

Print name:

Signature:

#### 10. Employer Declaration (please tick one box only and sign below):

- I can confirm that the trainee will work under the supervision, direction or guidance of a pharmacist or pharmacy technician for a minimum of 14 hours per week for 2 years.** During this time we will share information relating to the trainee's health, conduct or performance that is contrary to the Code of Conduct for pre-registration trainee pharmacy technicians.
- I can confirm that the trainee will not be eligible to register as a pharmacy technician on completion of this course** as they will not have adequate workplace supervision, direction or guidance from a pharmacist or pharmacy technician. I have discussed the implications of this with the trainee and they will not call themselves a pre-registration trainee pharmacy technician.

Print name:

Signature:

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## Learning Agreement

This agreement is between the learner, the mentor and Buttercups Training Ltd. Please read the requirements and responsibilities that you are committing to on enrolment to this course.

### Learner Responsibilities:

- I will take responsibility for my course, making sure I meet any deadlines
- All work I submit for assessment will be my own
- I will actively participate in all learning activities whilst on this course
- I will ask for support from my employer or Buttercups Training Ltd if I am unsure, or do not understand any aspect of my course or assessment
- I will contact Buttercups Training Ltd if I require a paper copy of the learner handbook
- I will contact Buttercups Training Ltd if there is any change to my circumstances
- I will contact Buttercups Training Ltd if I require any adjustment for my course under the Equality Act

### Mentor Requirements and Responsibilities:

- I will authenticate learner workplace assessments unless there is a justifiable reason not to do so, in which case I will communicate that with both the learner and Buttercups Training Ltd
- I will provide the learner with study time where possible in the workplace
- I will support the learner throughout the course and ensure that the learner is working in the appropriate area to be able to complete their course
- I will notify Buttercups Training Ltd if I am no longer able to be the mentor for this learner

### Buttercups Training Responsibilities:

- We treat all learners with fairness regardless of age, sex, sexual orientation, disability, race, gender, religion, marriage or civil partnership, or pregnancy
- We will respond to all enquiries in a timely manner
- We will follow procedures laid down in the learner and mentor handbooks
- All submitted work will be assessed within a reasonable time period

**PLEASE SEND YOUR COMPLETED FORM TO BUTTERCUPS TRAINING IN ONE OF THE FOLLOWING WAYS:**

**EMAIL:** [enrolments@buttercups.co.uk](mailto:enrolments@buttercups.co.uk)

**POST:**

Buttercups Training  
Enrolments Team  
Buttercups House  
Castlebridge Office Village  
Castle Marina Road  
Nottingham  
NG7 1TN