BUTTERCUPS
LYCEUM EDUCATION GROUP

Accuracy Checking Pharmacy Technician Course

Enrolment Form – Page 1 of 4

Please complete all field and delete where appropriate. This form can be signed either digitally (**digital signature guidance**) or physically. 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

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

Middle name(s):

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

Email address: (please provide a personal email address)

Date of birth: (dd/mm/yyyy)

GPhC / PSNI registration number:

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. Entry Requirement

This ACPT Course is designed to meet the Association of Pharmacy Technicians UK (APTUK) National Education Framework: Final Accuracy Checking of Dispensed Medicines and Products (2019). To meet the entry requirements set out by APTUK, applicants must have "documented evidence to demonstrate they can dispense accurately over the full range of specialty and prescription types at their practice base by means of a 200-item accuracy log". This needs to be completed at the point of enrolment.

Whilst you do NOT need to submit the completed dispensing log for enrolment, you should keep it safe as we may request it for sampling and monitoring purposes when required. Your facilitator must complete the declaration below.

☐ I confirm the applicant has completed the Pre-Enrolment Dispensing Log and has consistently demonstrated their ability to dispense accurately.

Start date of dispensing log: (dd/mm/yyyy)

End date of dispensing log: (dd/mm/yyyy)

Facilitator signature:

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.

6. Learner Signature

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

Signature:

Date: (dd/mm/yyyy)

Buttercups House, Castlebridge Office Village,
Castle Marina Road, Nottingham, NG7 1TN

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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 facilitator 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 facilitator 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 facilitator and will ensure that details of an alternative facilitator is provided in Section 8.

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)

8. Alternative Facilitator Details

☐ I agree to act as the facilitator 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:

8. Alternative Facilitator Details (continued)

Date of birth: (dd/mm/yyyy)

Email address: (please provide a personal email address)

Signature:

Date: (dd/mm/yyyy)

9. Facilitator Qualifications

Please tick the box below to indicate the facilitator's qualification

☐ I am a pharmacist

☐ I am a pharmacy technician and I have completed suitable training in final accuracy checking. I confirm that I have been keeping my knowledge and skills up to date.

Date of your original accuracy checking training: (dd/mm/yyyy)

I have demonstrated my continued competence by (please tick):

☐ Inhouse training, e.g. checking logs

☐ Buttercups Training's Accuracy Checking Revalidation Service (structured review of checking logs)

☐ Declaration of competence by supervising pharmacist or senior technician line manager

Please note that we may request evidence to be submitted for auditing purposes.

10. Employer Complaints Policy

If a complaint cannot be resolved immediately by the Customer Services Team, it must be escalated to our central complaints inbox:

Complaints@buttercups.co.uk

Upon receipt, the Customer Services Team will acknowledge your complaint and direct it to the appropriate department for investigation.This may include:

- Apprenticeship Services: Administration-related issues
- Finance: Contract and billing matters
- Client Services & Products: Learner material enquiries
- Teaching, Learning & Assessment: "On-programme" learner concerns
- Operations: Staff-related issues
- Digital & Technology Solutions: Technical problems

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Learning Agreement

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

Learner Responsibilities:

- I am a registered pharmacy technician (unless I work in Northern Ireland)
- I am familiar with the relevant standard operating procedures (SOPs) in my workplace and have completed the induction training required
- I have demonstrated my ability to dispense accurately in my workplace
- I have completed the Pre-Enrolment Dispensing Log as part of the entry requirement
- 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

Facilitator Requirements and Responsibilities:

- I am a registered pharmacist or ACPT (Accuracy Checking Pharmacy Technician) with suitable experience
- I will complete the Facilitator Course and familiarise with my responsibilities as a facilitator
- I confirm that the learner has completed the Pre-Enrolment Dispensing Log and meets the entry requirements for this course
- I am able to meet regularly with the learner during their training
- 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 facilitator for this learner
- Until qualified I will second check the learner's accuracy checking, or ensure another appropriate person is able to do this
- I will arrange their checking exam in the workplace, which includes arranging for another ACPT or pharmacist to invigilate the exam
- I am not related to the learner and have no significant relationship with them

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 facilitator handbooks
- All submitted work will be assessed within a reasonable time period

PLEASE EMAIL YOUR COMPLETED FORM TO BUTTERCUPS TRAINING:
EMAIL: enrolments@buttercups.co.uk