

Leadership for Healthy Living Pharmacies

Enrolment Form – Page 1 of 2

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

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)

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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Enrolment Form – Page 2 of 2

5. Course Delivery

This course is available to complete online with interactive tutorials and assessments. Please confirm a computer or tablet with internet access to Buttercups is available for the learner and their training supervisor within the workplace, as some assessments require invigilation.

☐ Tick to confirm

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

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.

First name(s):

Surname:

Job role:

Date of birth: (dd/mm/yyyy)

Email address: (please provide a personal email address)

Signature:

Date: (dd/mm/yyyy)

8. 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

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

EMAIL: enrolments@buttercups.co.uk

POST:

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