BUTTERCUPS
LYCEUM EDUCATION GROUP

Level 2 RSPH Award in Understanding Health Improvement

Enrolment Form – Page 1 of 3

Please complete all fields 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 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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5. Course Delivery

This course is available to complete online. Please confirm a computer or tablet with internet access to Buttercups is available for the learner and their invigilator within the workplace.

☐ Tick to confirm

6. Learner Signature

☐ I agree to the learner agreement on page 3 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 invigilator to support them during their time on the course. This person must meet the necessary requirements for this role found on page 3 of this enrolment form. Please select one of the options below:

☐ I agree to act as the invigilator for this learner and confirm I meet the necessary requirements for this role found on page 3 of this enrolment form.

OR

☐ I am unable to act in the role of invigilator and will ensure that details of an alternative invigilator 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)

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.

8. Alternative Invigilator Details

☐ I agree to act as the invigilator for this learner and confirm I meet the necessary requirements for this role found on page 3 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)

9. 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

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

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Learning Agreement

This agreement is between the learner, the invigilator 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

Invigilator Requirements and Responsibilities:

- I am a registered healthcare professional
- I am not related to the learner and have no significant relationship with them
- I will complete the invigilator course provided by Buttercups Training on enrolment
- I will notify Buttercups Training Ltd if I am no longer able to be the invigilator 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 EMAIL YOUR COMPLETED FORM TO BUTTERCUPS TRAINING:

EMAIL: enrolments@buttercups.co.uk