Pharmacy Services Assistant Apprenticeship Programme Placement Agreement

Apprentice Name	
Employer Name	

Reason for Placement

Please tick to confirm the reason a placement is required for this apprentice.

Reason	Description	Tick
Dispensing of medicines	This is most likely to be an issue in a hospital stores setting. *Note: Those working in manufacturing, aseptics or assembly hub environments could complete these learning outcomes in those environments, providing there is dispensing for named-patients occurring across a range of medicines and formulations.*	◯
Health promotion activities	This is most likely to be an issue in a small organisation that does not open to the public.	◯
Not able to issue medication to customers either via deliveries or in person	This is most likely to be an issue in an assembly hub setting where the apprentice is not involved with customer service.	◯

Placement Provider Details

Please complete all the necessary details for the placement provider.

Company Name	
Workplace Address & Postcode	
Contact Telephone Number	
Contact Email Address	
Workplace Manager Name	
Workplace Manager Email	
Superintendent Pharmacist/ Chief Pharmacist	

Placement Provider Details Continued

Please supply contact details of the person, within your branch, who is responsible for Health and Safety:	**Name:**	
	Email:	
	Tel:	
Does the company have a safeguarding policy or statement?	**Yes**	**No**
Does the company have a nominated safeguarding officer?	**Yes**	**No**
If yes, please provide details:	**Name:**	
	Email:	
	Tel:	
Is there a Health and Safety policy in place?	**Yes**	**No**
If yes, how often is it reviewed:		
Have risk assessments been carried out to identify risks and put adequate risk control measures in place?	**Yes**	**No**
Have you heard of the government's Prevent Strategy?	**Yes**	**No**
Are you aware of and do you promote British Values within the workplace?	**Yes**	**No**
As a funding requirement, Buttercups Training Ltd request that the employer submits a copy of the Employers' Liability Insurance for the branch where the apprentice is based. Employers' Liability Insurance *is different* to Public Liability and Professional Indemnity Insurance. **Please visit the following link for further details: https://www.gov.uk/employers-liability-insurance** **"You must get Employers' Liability (EL) insurance as soon as you become an employer - your policy must cover you for at least £5 million and come from an authorised insurer."**		
Have you enclosed a copy of your Employer's Liability Insurance certificate? ***You will need to provide up to date copies while your apprentice is on programme.***	**Yes**	**No**

Placement Mentor Details

The nominated mentor will need to be complete and sign this section of the agreement to confirm that they agree to act as a mentor for the apprentice and report back to the apprentice's nominated Workplace Training Supervisor (at the original employer). Please note, the nominated mentor must be a GPhC registrant and they will be required to complete a short training course prior to the apprentice's placement so that they understand the mentor's role and requirements.

Name of Mentor	
Job Title	
GPhC Registration Number	
Contact email address	
I have read the GDPR privacy policy listed below	◯
I confirm I DO NOT have a significant relationship or financially dependent relationship with the apprentice or the employer.	◯
I confirm that my employer has given permission for me to act in this role	◯
Signature of Mentor	

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 programme 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 by visiting https://buttercupstraining.co.uk/ content/general-data-protection-regulation or contact GDPR@buttercups.co.uk. Please tick to say you have read the privacy policy.

Placement Authorisation

This placement agreement must be authorised by a director, superintendent pharmacist, chief pharmacist, head office HR or training department in order to confirm that the placement provider agrees to the placement and any contractual arrangements required.

Name of Authoriser	
Job Role	
Contact email address	
I confirm that the placement provided listed agrees to this placement and any contractual agreements required	◯
For placements based at pharmacies with multiple sites: I agree for Buttercups Training to contact my head office to gain approval for this placement	◯
Signature of Authoriser	

Placement Scheduling & Purpose

Please complete the section relating to the reason your apprentice requires a placement.

NB - any period mentioned above translates to the month of the training programme assuming the learner is targeted to complete in 12 months.

Requirements in the standards	Suggested Placement
Dispensing of medicines The apprentice will need to be able to show they can: • receive and log prescriptions • assemble prescribed items, undertake an in-process accuracy check and issue prescribed items • order, receive, maintain and issue pharmaceutical stock	The apprentice will need to have a dispensary-based placement. Ideally this should be during Periods 2 - 6, when they learn the related theory in the programme so that they can practise their skills at the same time. During this time, we would expect at least 50% of their hours to be dispensing, either as blocks or split days. **The end-point assessment will also require the apprentice to be in a dispensary setting to demonstrate the required outcomes for the assessment.**
When will the placements be scheduled? Please include planned frequency and duration of each placement. For example, from periods 2-6 the apprentice will be in placement 2.5 days a week	

Requirements in the standards	Suggested Placement
Health promotion activities The apprentice will need to be able to show they can: • promote healthy lifestyles to customers by participating in health promotion campaigns.	Provided the workforce is large enough, this can be facilitated with the human resources (HR) or occupational health (OH) team by running an event for the staff. Alternatively, this could be done externally at another organisation where health events occur, such as a school, large office, health centre, library or community pharmacy.
When will the placements be scheduled? Please include planned frequency and duration of each placement. For example, in period 8 the learner will be on placement for this requirement	

Requirements in the standards	Suggested Placement
Not able to issue medication to customers either via deliveries or in person The apprentice will need to be able to show they can: • provide appropriate advice, when authorised, on supplied medicines and products, their storage and disposal	The apprentice will need to have access to customers to provide advice on supplied medicines and products (this does not need to be face-to-face). This can be included in the placement for the dispensary (Period 2 - 6) or in an independent placement in a customer-facing role in Periods 8 - 9.

When will the placements be scheduled? Please include planned frequency and duration of each placement. For example, from periods 2-6 the apprentice will be in placement 2.5 days a week

Contingency Plan

Should the nominated placement provider be unable to fulfil their commitments as detailed in this agreement, the employer must be able to provide a contingency plan for their apprentice. Please choose one of the following options.

Option 1

The employer is able to provide an alternative placement for their apprentice

If selected, please outline details of the alternative placement: ◯

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……

Option 2

The employer understands that the apprentice will be withdrawn from the programme and will be ineligible for any future apprenticeship enrolments where a placement is required

◯

Employer Authorisation

This placement agreement must be authorised by a director, superintendent pharmacist, chief pharmacist, head office HR or training department in order to confirm that the placement provider agrees to the placement and any contractual arrangements required.

Name of Authoriser	
Job Role	
Contact email address	
I confirm the apprentice will be paid during their time on placement	◯
I confirm that the placement provider listed agrees to this placement and any contractual agreements required	◯
For apprentices based at pharmacies with multiple sites: I agree for Buttercups Training to contact my head office to gain approval for this placement	◯
Signature of Authoriser	