BUTTERCUPS
LYCEUM EDUCATION GROUP

Introduction to Pharmacy

Enrolment Form

Please complete all fields, in block capitals, 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)

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

2. Invoice Address

Address:

Postcode:

Telephone number:

Invoicing email address:

3. 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.

☐ 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://www.buttercupstraining.co.uk/privacy) or contact GDPR@buttercups.co.uk.

4. Learner's Responsibilities

- I will complete this course within 12 months
- Any 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 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 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
- I will print my course certificate on successful completion

5. 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 handbook
- All submitted work will be assessed within a reasonable time period
- We will enable the learner to be certificated on successful completion of the course.

6. Learner Signature

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

Signature:

Date: (dd/mm/yyyy)

Please send your completed form via email to
Enrolments@buttercups.co.uk