**Application completion CHECKLIST**

# Candidate Information

Ensure you have signatures from your employer and your own signature

Ensure you have completed all sections

Please add your CV to the online application

Ensure you have completed the online application form including your statement of purpose

# Application Pack 2024

**To apply:** Please complete this application pack **in addition to the online application form.**

**Use of personal data:** We have only asked for information that is necessary and you can see our Privacy Notice on the university website: <https://www.ucl.ac.uk/legal-services/privacy/ucl-prospective-students-enquirers-and-applicants-privacy-notice>

**Closing date:** Please ensure that you submit your application prior to the closing date. It may not be possible to review applications received after the closing date.

**Please note the following EXCLUSION criteria:**

* Studying on another programme mapped to advanced level practice (e.g. PGDip/MSc Advanced Clinical Practice, RPS supported e-portfolio route)
* Already credentialled at Advanced or Consultant level
* Employed in a setting not delivering NHS care in England

Personal Details

|  |  |
| --- | --- |
| Name (as stated on the professional register) | Click here to enter text. |
| Preferred name and pronouns (optional) |  |
| GPhC or PSNI registration number | Click here to enter text. |
| Do you currently work for the NHS? | Yes  Current Agenda for Change band:  No |
| Are you currently enrolled on any other programmes of study at UCL or another institute (Please tick yes if you have recently submitted your final assessments and are waiting for these to go through an exam board)?  *If you answer yes, please give further information* | No  Yes  Click here to enter text. |
| Name and address of current employer | Click here to enter text. |
| Position with current employer | Click here to enter text. |

# Declaration from Practitioners NHS TRust

|  |  |  |  |
| --- | --- | --- | --- |
| **Criteria** | | **Yes** | **No** |
| 1 | Support from employer has been agreed e.g. line manager, Education and Training Lead, or Chief Pharmacist |  |  |
| 2 | Support from practitioner’s critical care unit has been agreed |  |  |
| 3 | There is sufficient capacity and infrastructure to appropriately support the applicant in their studies in this organisation |  |  |

|  |  |
| --- | --- |
| **Employer signature:**  **Employer role:** | **Date:** Click here to enter text. |

# Applicant Declaration

|  |  |
| --- | --- |
| **Please tick the box to confirm the statements below** | **Tick if Correct** |
| I am currently registered with the GPhC / PSNI |  |
| In accordance with the GPhC “Standards for Pharmacy Professionals” I agree that I must notify the UCL Academic Lead for the course if there are any circumstances relating to my fitness to practice, including any pending, current or past investigations, or criminal convictions |  |
| I acknowledge that as part of my enrolment on this course, UCL may be required to contact the GPhC, my employer and/or my funding body for this programme in relation to any false declarations made on my application, and, if my application is successful, my attendance, performance and behaviour on the course |  |
| I understand that if I have not uploaded ALL the documentation required by UCL my application may not be accepted |  |
| I am committed to develop a portfolio for RPS credentialing at an advanced level | **☐** |
| I confirm that I have read the dates of the intended study days on the UCL SoP website and I am able to join/attend on all of the dates. I understand that attendance on all the study days is a requirement of the programme. |  |

|  |  |
| --- | --- |
| **Applicant Signature:** | **Date:** Click here to enter text. |