

## Change of training details

Application Form

June 2017

Version 1.3

Fill in this form if there is a change to your training placement, your tutor, an extension to your training period, or all three. Send it to the GPhC as soon as you know about the change.

Scan and email your form to: **prereg@pharmacyregulation.org**

Or you can send it by post to: **Pre-Registration Training Changes  
General Pharmaceutical Council  
25 Canada Square  
London E14 5LQ**

### 1. Your details (to be filled out by the trainee)

Trainee's full name

Trainee's pre-registration number

Trainee's email address

Full name and address of training site (if this has changed put the previous details)

GPhC premises registration or training site number

### 2. Change of placement

Is this new placement at a site that is part of the same company your previous training was with?

Yes  No

If 'No', please tick to confirm you understand the following:

- I understand that if I move to a new company to train, I will be starting my training from day one unless I have 'banked' any of my previous satisfactory training
- I confirm that I will fully disclose the reason I left my previous training site(s) and will disclose any matters relating to my fitness to practice to my new tutor

You should detail any pre-registration training you have started to date. Please continue on a separate sheet if there is not enough space in the table.

Dates of training	Name and address of site	Name of tutor	Reason for leaving

Full name and address of new training site

**Important:** All correspondence from the GPhC will be sent to this address. It can take up to 28 days from our getting this form for a change to be approved – we will send confirmation to the new training site.

GPhC premises registration or training site number

Training site expiry date

Your start date at the new site

Is your site approved to provide training for the whole of your training period?

Yes  No

**Important:** You cannot start training until your site is approved for the whole of your training period.

Are you an owner, director, or a majority shareholder of any of the establishments named on this form?

Yes  No

Are you related to a director, or do you have a relationship with a director or employee of the pharmacy where you want to train?

Yes  No

**Important:** You cannot train at a site where you have a business interest or a relationship with a director or employee.

### 3. Change of tutor

Tutor's full name

Tutor's GPhC number

Tutor's phone number

Tutor's email address

Date of change

Has your tutor been a registered pharmacist for at least three years?

Yes  No

Is your tutor currently under investigation by the GPhC?

Yes  No

Does your tutor already have a pre-registration trainee?

Yes  No

**If your tutor does not meet the GPhC tutor suitability policy, they will not be able to act as your tutor. It can take up to 28 days for a decision on this application.**

The learning contract on the next page is to be filled out by you and your tutor

### 4. Extension to training

New finish date

Reason for extension to training

## 5. Learning contract

This is an agreement between the pre-registration tutor(s) and trainee. It covers the key aspects of working together. It clarifies what is expected in preparation for, and during, pre-registration training. It should be discussed and signed by both parties.

I, \_\_\_\_\_ (*trainee name*) and

I, \_\_\_\_\_ (*tutor name*)

& I, \_\_\_\_\_ (*second tutors name if applicable*)

will act in line with the GPhC's standards for pharmacy professionals. We make the following commitments to each other. We:

- will follow the GPhC pre-registration scheme requirements, as explained in the GPhC's pre-registration manual, and understand the GPhC's expectations of a tutor as explained in their guidance
- understand the learning outcomes required by the GPhC to complete pre-registration training and meet the criteria for registration as a pharmacist. The learning outcomes, set out in section 10 of the education standards, are: skills, attitudes and knowledge as defined by 76 performance standards, described in the pre-registration manual, the GPhC standards for pharmacy professionals, and the registration assessment framework
- will carry out GPhC formal progress reviews at weeks 13, 26 and 39, and at the end of training, and submit these to the GPhC when progress is assessed to be unsatisfactory
- will carry out regular progress reviews that are conducted in a professional manner, and are open and honest, to provide meaningful feedback to both trainee and tutor. These reviews will be supportive and encourage learning
- will discuss and resolve any concerns at an early stage. If we cannot resolve a concern, or if the problem is outside the scope of our learning relationship, we will escalate as appropriate
- expect the training to be self-directed, with mutually agreed time dedicated to study and reflection on learning that will be documented in a portfolio for joint review
- will ensure that all practice is supervised appropriately, and is respectful of the skills and knowledge of all team members, whose feedback should also be considered

Learning contract continues onto the next page

- will encourage a proactive approach to seeking answers and solving problems, with clearly defined boundaries related to the stage of learning to make sure patient safety is maintained
- understand the tutor suitability policy and be aware that tutoring can be revoked if this is not met
- will work to a training plan that is provided by the tutor and agreed before training starts

Tick here to confirm that an initial training plan template has been shared

The training plan will:

- provide a structure to meet all the GPhC's required learning outcomes
- include targets and objectives to define practical competence at any particular stage
- include access to off-site learning opportunities such as study days, training events and multidisciplinary working
- schedule GPhC formal progress reviews
- be reviewed jointly, adapted and agreed at the start of the training period and after each formal review to target individual learning needs

As the tutor, I will act in line with the GPhC's guidance on tutoring for pharmacists and pharmacy technicians.

Signed (Trainee):

Signed (Tutor):

Signed (second Tutor):

Date: