



**NHS EDUCATION FOR SCOTLAND**

**FUNDING APPLICATION**

for

**PHARMACIST  
INDEPENDENT PRESCRIBING TRAINING  
Conversion courses (IPCC)  
Full courses (IPFC)**

**\* UNIVERSITY OF STRATHCLYDE, GLASGOW ONLY \***

**2011**

**Application Form for funding from NHS Education for Scotland (NES) for  
The CONVERSION and FULL course for Pharmacist Independent Prescribing 2011  
APPLICATION PROCESS**

- **Please note : Funding from NES for the Independent Prescribing Conversion and Full courses is available now for hospital, practice and community pharmacy practitioners.**

**Conversion courses :**

- Pharmacists who are currently qualified as a Supplementary Prescriber and working within the NHS in Scotland who wish to obtain NES funding to attend the **Conversion** course for Independent Prescribing training at The University of Strathclyde, Glasgow, should complete the appropriate attached form and return to the address below. The course will involve ONE day of attendance (dates on the forms attached). Funding will cover the cost of fees for the training course only.
  - **The University of Strathclyde, Glasgow :** complete **IPCC(B) - FORM B**
- Applicants for the **Conversion** course **do not** need to attend the same University at which they completed their SP training.

**Full courses**

- Pharmacists who have not yet undertaken any prescribing training who wish to obtain NES funding to attend one of the **Full** Independent prescribing courses at The University of Strathclyde, Glasgow should complete the appropriate attached form and return to the address below. The course will involve SIX days attendance (dates on the forms attached). Funding will cover the cost of fees for the training course only.
  - **The University of Strathclyde, Glasgow :** complete **IPFC(D) - FORM D**
- Following approval of your application by the Director of Pharmacy at NES, your details will be passed on, as soon as possible, to the University who will then contact you by e-mail, in order to continue with the application process with them. You will then be asked to complete a more detailed application form along with the relevant Registration forms for the University. NES will be working closely with the course provider to match funding with places.
- It is important that funding decisions are made as early as possible, in order that you can register in time for the course. Please complete the appropriate application form and return as soon as possible.
- Additional course requirements will also be provided directly from the University.
- Completed forms should be returned to:

**George Lindsay  
Chief Pharmacist, Primary Care  
NHS Lanarkshire  
Strathclyde Hospital  
Airbles Road  
Motherwell ML1 3BW**

- **Deadline for applications : Friday 7th January 2011**

**NES FUNDING APPLICATION FORM**

**IPCC (B) – FORM B (UoS)**

**Application Form for funding from NHS Education for Scotland (NES) for  
The CONVERSION course for Pharmacist Independent Prescribing**

**A. Personal details**

Applicant name (PRINT) \_\_\_\_\_

Job Title: \_\_\_\_\_ GPhC Registration No: \_\_\_\_\_

Work address (include name of organisation):  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Contact telephone number (work): \_\_\_\_\_ E-mail address: \_\_\_\_\_

**B. Details of practice**

- Describe below your current clinical practice setting and whether you are currently prescribing

Practice setting and patient group: \_\_\_\_\_

Currently prescribing : YES [ ] NO [ ]

Name of Designated Medical Practitioner (DMP) : \_\_\_\_\_

**University of Strathclyde (Glasgow):**

*ONE day onsite conversion courses (IPCC) available in July 2011  
(up to 25 delegates)*

**Tuesday 5<sup>th</sup> July 2011 (1 day attendance)**

**C. Applicant signature :**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**D. Director of Pharmacy for the applicant - details and signature :**

Name : \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**E. Director of Pharmacy, NHS Education for Scotland Approval :**

Dr RM Parr signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NES FUNDING APPLICATION FORM**

**IPFC (D) – FORM D (UoS)**

**Application Form for funding from NHS Education for Scotland (NES) for  
The FULL IP course for Pharmacist Independent Prescribing**

**A. Personal details**

Applicant name (PRINT) \_\_\_\_\_

Job Title: \_\_\_\_\_ GPhC Registration No: \_\_\_\_\_

Work address (include name of organisation):  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Contact telephone number (work): \_\_\_\_\_ E-mail address: \_\_\_\_\_

**B. Details of practice**

- Describe below which clinical practice setting you plan to prescribe within

Practice setting and patient group: \_\_\_\_\_

Name of Designated Medical Practitioner : \_\_\_\_\_

**University of Strathclyde (Glasgow):**

*SIX days onsite course (IPFC) available in May and July 2011  
(Max 40 delegates)*

**Monday 16<sup>th</sup> – Friday 20<sup>th</sup> May 2011  
and Tuesday 5<sup>th</sup> July 2011**

NB. Course commences **March 2011**

**C. Applicant signature :**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**D. Director of Pharmacy for the applicant - details and signature :**

Name : \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**E. Director of Pharmacy, NHS Education for Scotland Approval :**

Dr RM Parr signature: \_\_\_\_\_ Date: \_\_\_\_\_