

APPEL Student Placement Agreement

Student Name (BLOCK CAPITALS):			
School of Pharmacy (tick one):	UCC <input type="checkbox"/>	RCSI <input type="checkbox"/>	TCD <input type="checkbox"/>
Your University Email Address:			

I have agreed to undertake unpaid/paid student placements organised by the Affiliation for Pharmacy Practice Experiential Learning (APPEL) during the integrated pharmacy programme. I agree to the following terms and conditions of this placement, as set out by APPEL:

- I understand that I am a student of my Higher Education Institution (HEI) while on placement and that I must abide by and remain subject to the Schools of Pharmacy Joint Code of Conduct and all policies and procedures, including Disciplinary and Fitness to Practice Policies of my HEI/University while on placement.
- I understand that I cannot undertake any of my APPEL placements in a Training Establishment which is owned or managed by a connected relative of mine. I also understand that a connected relative of mine cannot be my Trainer* for my APPEL placements. I agree to alert APPEL to any connections I have with the Training Establishment or Trainer which only become apparent when I am on placement.
- I confirm that I will undertake the set academic activities while I am on placement.
- I undertake to read all elements of the APPEL handbook relevant to my upcoming placement. In particular, I will ensure that I am aware of my responsibilities as a pharmacy student and aware of the set placement timetable. If I have any queries in relation to the content of the relevant handbook, I will contact an APPEL Practice Educator.
- I will ensure that I am supervised when carrying out any activities which impact on patient safety. I am aware that patient safety is my utmost priority on placement and that I must immediately report any incident that may potentially affect patient safety to Training Establishment staff.
- I understand that I have a Trainer* for the duration of my placement who will supervise me and who I am accountable to. I accept that I shall be under the supervision of the Training Establishment staff for the duration of my placement.
- I am aware that I have support available to me from my HEI, in the form of APPEL Practice Educator(s), who I can contact by telephone or email.
- I am also aware that supports are available to me within my HEI while I am on placement, which includes medical and counselling services if a critical incident occurs while I am on my placement. I will promptly inform an APPEL Practice Educator if a critical incident occurs during my placement (examples of critical incidents include, but are not limited to, death or serious illness of a member of staff or patient, fire, hold-up or burglary).
- I confirm that I have disclosed any matters which could affect my placement (including, without limitation, health issues). I acknowledge it is necessary for the disclosure (and receipt) by APPEL, to (and from) my Training Establishment and HEI, of personal data where necessary for administering and/or managing my placement (and which may include feedback on my student placement). In the event my contact details change, I shall notify APPEL without delay.
- I agree to promptly inform both my Training Establishment and the APPEL Office if I am unable to attend my placement according to the set placement timetable for any reason.

- I will engage fully with the placement programme, including but not limited to; participating in an induction, reading and complying with the Training Establishment’s standard operating procedures (SOPs) and policies, and following any other rules and guidelines the Training Establishment may have.
- I will act in a safe, responsible and professional manner at all times and will not endanger my own safety or that of any other person. I understand that any fitness to practice or disciplinary matters arising from my placement may be dealt with in accordance with my HEI’s policies and procedures.
- I understand the importance of confidentiality with regard to patient information and commercial business information and I shall keep any of this information which I come across during my placement confidential.
- I will promptly contact a Practice Educator at my School of Pharmacy if:
 - Any issues arise during my placement (including any issues in relation to my health or safety or otherwise).
 - I believe that my placement is not being provided in line with APPEL’s guidelines.
 - I have concerns that I am not being provided with an appropriately structured and documented scheme of training that provides and exposes me to sufficient practice opportunities at an appropriate level.
 - I believe that I have not been provided with a suitable training environment that is appropriately safe, hygienic and protects my safety, health and welfare.
- I agree that my HEI shall not be held responsible by me or my representatives for any acts or omissions of the Training Establishment or its staff where I undertake my placement.

Signature		Name		Date	
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* ‘Trainer’ is an umbrella term used to describe supervisor, preceptor and senior preceptor pharmacists:

- Supervisor Trainer accredited by APPEL to oversee placements in 2nd year
- Preceptor Trainer accredited by APPEL to oversee placements in 4th year
- Senior preceptor Trainer accredited by APPEL to oversee placements in 5th year