



# APPEL

An Chleamhnacht um Fhoighlaim ó  
Thaithí Chleachdaí na Cógaisíochta | Affiliation for Pharmacy  
Practice Experiential Learning

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## APPEL Student Placement Agreement

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

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 APPEL 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 |  |
|-----------|--|------|--|------|--|

*Please note that students are not authorised to amend or alter this document from the original version provided by APPEL in any way, without the prior written consent of APPEL. APPEL is not obligated to accept amended placement agreements.*

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

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