

APPEL Trainer Accreditation

1. Trainer Declarations Form

Name: _____

PSI registration number: _____

Contact email address: _____

Training Establishment name: _____

Address Line 1: _____

Address Line 2: _____

Address Line 3: _____

Training Declaration

I agree that I have undertaken/will undertake the necessary training and education programmes, as set down by APPEL, for me to discharge my role as an APPEL-accredited Trainer.

Connections declaration

APPEL requires that the Trainer declares any of the following connections listed below to students of pharmacy in UCC, RCSI and TCD by ticking the appropriate box below and providing the necessary details in the table:

Connections (including, but not limited to): spouse or partner, parent, brother, sister, child, spouse of a child, grandparent, uncle, aunt, niece, nephew, brother-in-law, sister-in-law parent-in-law and cousin.

I am unaware of any such connections

OR

I am aware of connections to the following student(s)

Name of connected student	Student's School of Pharmacy	Details of connections to students (aunt, brother-in-law etc.)

Legal Declarations

To meet the legal and governance requirements of the five-year integrated pharmacy programme, a number of declarations need to be made by Trainer pharmacists. To comply with this legislation, APPEL asks that any pharmacist applying to become a Trainer self-declares each of the following statements to be true:

- i. I am in good standing with the PSI:
 - I have not, within the past two years, been convicted of an offence tried on indictment under the Pharmacy Act, the Misuse of Drugs Act, the Irish Medicines Board Acts, the Poisons Acts and the Animal Remedies Acts or the European Communities (Animal Remedies) Regulations).
 - I am not the subject of any current disciplinary sanction with regards to my registration as a pharmacist.
 - I am not currently required to provide an undertaking or consent to attend specified educational courses, training or other means of improving my competence to practice as a pharmacist.
- ii. I have not, within the past four years, been convicted of any offence tried on indictment.

2. Trainer Agreement

I declare that:

- a) I will oversee an experiential learning placement that will provide training to my student(s) in accordance with the Guidance on Delivering APPEL Experiential Learning Placements.
- b) I agree to read the relevant APPEL handbook prior to the placement and bring any questions in relation to this handbook to the attention of APPEL before the placement begins.
- c) I agree to undertake the necessary training and education programmes to become an APPEL-accredited trainer, as set down by APPEL.
- d) I will ensure that my student(s) receive induction training at the start of their placement(s), with patient safety as a prime focus.
- e) I will provide the student(s) with an appropriately structured and documented scheme of training that provides and exposes the student to sufficient practice opportunities at an appropriate level.
- f) I will meet with my student(s) according to the guidelines provided by APPEL in the Guidance on Delivering APPEL Experiential Learning Placements and APPEL handbook(s).
- g) I will provide a suitable training environment that is appropriately safe, hygienic and protects the safety, health and welfare of my student(s).
- h) I will ensure that the experiential learning placement schedule will follow the guidelines provided by APPEL in the Guidance on Delivering APPEL Experiential Learning Placements and APPEL handbook(s).
- i) I will ensure that the student(s) is/are appropriately supervised in line with the guidelines provided by APPEL in the Guidance on Delivering APPEL Experiential Learning Placements and APPEL handbook(s). This will take into account individual students' capabilities and limitations. I will be present at the premises for the requisite amount of time, as laid out by APPEL guidelines. In the event of my long-term absence, APPEL will be informed so that alternative placement arrangements can be made.
- j) I will support the student(s) in their training and practice, providing documented feedback, as required.
- k) I will assess the student(s), in line with APPEL guidelines.
- l) I will act as a role model of positive and professional pharmacy practice and will maintain a professional relationship with my student(s).
- m) I will ensure that any potential breaches of the Student Code of Conduct or potential patient safety issues involving students are promptly reported to an APPEL Practice Educator to ensure patient safety is safeguarded.

- n) I will promptly inform APPEL of any critical incidents which may impact on the student(s) on 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).
- o) I will notify APPEL regarding the student's attendance, in line with APPEL's policy on attendance.
- p) I agree with students providing feedback on their training experience to feed into a quality improvement programme.
- q) I understand and consent to APPEL conducting its own evaluation of placements.
- r) I consent to training establishment visits by APPEL practice educator(s).

By signing this document, the Trainer declares all of the above to be true and that they will inform APPEL of any changes in these circumstances during their accreditation as an APPEL Trainer.

Signature of Trainer:

Name: _____

Date: _____

Have you:

- Filled in your details on page 1?
- Declared that you are aware/unaware of any connections on page 1?
- Have you given the details of any connections on page 1?
- Signed and dated page 3?
- Included all 3 pages in the document your return to APPEL?