

On-Site Supervisor Declaration Form

Page 1

To complete the form, you will need to navigate through five short pages. Please click on "Next Page" or "Previous Page" located at the bottom of the screen to move between pages.

1 * On-Site Supervisor Details

On-Site Supervisor Full Name:

2 * On-Site Supervisor Contact Email Address:

3 * Training Establishment Name:

4 * Training Establishment Address:

Page 2

On-Site Supervisor Agreement

I declare that:

- a) I will supervise an experiential learning placement student(s), in conjunction with the external preceptor appointed by APPEL. I will liaise with the external preceptor to ensure that the training is provided in accordance with the Standards for 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 the external preceptor or APPEL before the placement begins.
- c) I agree to communicate regularly with the external preceptor, and will encourage the student(s) to do the same.
- d) I will ensure that the student(s) receive induction training at the start of their placement(s), with patient safety as a prime focus.
- e) In conjunction with the student(s), I will design a training plan that provides the student(s) with an appropriately structured and documented scheme of training, which exposes the student to sufficient practice opportunities at an appropriate level. I understand that the external preceptor needs to review and approve this training plan.
- f) I will ensure that my student(s) is/are facilitated to meet with their external preceptor, according to the guidelines provided by APPEL in the Standards for APPEL Experiential Learning Placements and APPEL handbook(s).
- g) I will ensure that the training environment is suitable, appropriately safe, hygienic and protects the safety, health and welfare of my student(s).
- h) I will liaise with the external preceptor to ensure that the experiential learning placement schedule will follow the guidelines provided by APPEL in the Standards for APPEL Experiential Learning Placements and APPEL handbook(s).
- i) I will ensure that the student(s) is/are appropriately supervised, taking into account individual students' capabilities and limitations.
- j) I will facilitate the external preceptor to support the student(s) in their training and practice, as required.
- k) I will liaise with the external preceptor regarding the competency assessment of the student(s).
- l) I will maintain a professional relationship with my student(s).
- m) I will notify the external preceptor of any potential breaches of the Student Code of Conduct or potential patient safety issues involving students to ensure patient safety is safeguarded.
- n) I will promptly notify the external preceptor 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 inform both the external preceptor and APPEL regarding student non-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.

Page 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 On-Site Supervisor.

Page 4

Connections Declaration

APPEL requires that the Trainer declares any of the following connections listed below to students of pharmacy in UCC, RCSI and TCD.

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.

Please provide the following information below depending on whether you do/do not have any connections to declare:

- 5 *** I declare that:
- I am unaware of any connections to students.
 - I am aware of the following connection/s and will provide the details of the connection/s below.
- 6** Please provide the details of any connections below, including the connected student's full name, HEI and details of connection to the student. (Example: Alex Doe, UCC, nephew)

Page 5

Final Declaration

By signing below, the Trainer declares that all of the aforementioned information is true and that they will inform APPEL of any changes in these circumstances during their accreditation as an APPEL Trainer.

(NOTE: By typing your name under the Final Declaration, you are effectively providing us with your official signature and agree to the Final Declaration as stated on this form.)

7 * **Final Declaration Signature:**

8 * **Date Signed:**

Enter the date using the date picker below.

Close this window