

# Trainer Details

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To complete the form, you will need to navigate through six short pages. Please click on "Next Page" at the bottom of the screen to move to the following page and similarly click on "Previous Page" to go back to the previous page.

## 1 \* TRAINER DETAILS

Trainer Full Name

## 2 \* Trainer PSI Number

## 3 \* Trainer Contact Email Address

## 4 \* Training Establishment Name

## 5 \* Training Establishment Address

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# TRAINER AGREEMENT

I declare that:

a) I meet the student supervision requirements as a suitably-qualified trainer for the placement, as follows:

	2 <sup>nd</sup> -year placement	4 <sup>th</sup> -year placement	5 <sup>th</sup> -year placement
<b>Trainer pharmacist title</b>	Supervisor	Preceptor	Senior preceptor
<b>Trainer pharmacist requirements</b>	Employed for a minimum of 3 days/week or equivalent. Meets APPEL Supervisor requirements.	Employed for a minimum of 3 days/week or equivalent, if employed by the Training Establishment*. Meets APPEL Preceptor requirements.	On-site minimum of 3 days/week or equivalent. Meets APPEL Senior Preceptor requirements.
<b>Supervisory requirements</b>	Minimum 1 face to face session	Minimum 1 meeting per 4 weeks and as required, of which 2 sessions must be face to face	Onsite direct supervision with regular face to face sessions as required

<b>Registration requirements of trainer pharmacist</b>	PSI Registered pharmacist	PSI Registered pharmacist	PSI Registered pharmacist with 3 years post-registration experience AND 2 years practice in field of supervision
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- b) I will oversee an experiential learning placement that will provide training to my student(s) in accordance with the Standards for APPEL Experiential Learning Placements.
- c) 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.
- d) I agree to undertake the necessary training and education programmes to become an APPEL-accredited trainer, as set down by APPEL.
- e) I will ensure that my student(s) receive induction training at the start of their placement(s), with patient safety as a prime focus.
- f) 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.
- g) I will meet with my student(s) according to the standards provided by APPEL in the Standards for APPEL Experiential Learning Placements and APPEL handbook(s).
- h) I will provide a suitable training environment that is appropriately safe, hygienic and protects the safety, health and welfare of my student(s).
- i) I will ensure that the experiential learning placement schedule will follow the standards provided by APPEL in the Standards for APPEL Experiential Learning Placements and APPEL handbook(s).
- j) I will ensure that the student(s) is/are appropriately supervised in line with the guidelines provided by APPEL in the Standards for 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 standards. In the event of my long-term absence, APPEL will be informed so that alternative placement arrangements can be made.
- k) I will support the student(s) in their training and practice, providing documented feedback, as required.
- l) I will assess the student(s), in line with APPEL standards.
- m) I will act as a role model of positive and professional pharmacy practice and will maintain a professional relationship with my student(s).
- n) 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.
- o) 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).
- p) I will notify APPEL regarding the student's attendance, in line with APPEL's policy on attendance.
- q) I agree with students providing feedback on their training experience to feed into a quality improvement programme.
- r) I understand and consent to APPEL conducting its own evaluation of placements.
- s) I consent to training establishment visits by APPEL practice educator(s).
- t) I am aware of my obligations as a pharmacist and as a trainer under the Department of Health's National Open Disclosure Framework (patient-facing clinical settings only).

## TRAINER 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.**

**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:**

**6 \*** 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.

**7** 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)

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## **8 \*** 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. Please select either agree/disagree for the statements below, to complete the Trainer Self-Declaration.**

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.

- Agree
- Disagree (If you select "Disagree", please contact APPEL at ops@appel.ie before progressing further through the accreditation form.)

**9 \*** I have not, within the past four years, been convicted of any offence tried on indictment.

- Agree
- Disagree (If you select "Disagree", please contact APPEL at ops@appel.ie before progressing further through the accreditation form.)

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## **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.)*

**10 \*** **Final Declaration Signature:**

**11 \*** Date Signed:

Enter the date using the date picker below.

dd/mm/yyyy

Close this window