

Appendix 3

Masters of Portfolio Forms

These forms are to be photocopied when you need to use them.

- Submission Form
- Personal Profile Form
- Summary of Student's Achievements
- Activity Report with Expert Witness Testimony
- Activity Report Continuation Sheet
- Witness Information List
- Pharmacist Assessment
- Copy of Prescription
- Evidence Index
- Unit Assessment and Verification declaration

NOTE:

These forms are available on the NPA website www.npa.co.uk

Portfolio Submission Form

You must complete this form and submit it each time you send your work for assessment. Please put this form at the top of your unit.

Student Name:.....

Student Number:

Please indicate which Unit(s) you are submitting:

Unit(s) Number Submitted:

Resub Unit(s) Number Submitted:

Portfolio Check List

Please ensure that you have included the following paperwork:

- | | |
|-----------------------------------|--------------------------|
| Personal Profile Form | <input type="checkbox"/> |
| Summary of Student's Achievements | <input type="checkbox"/> |
| Unit Verification Form | <input type="checkbox"/> |
| Evidence Index Sheets | <input type="checkbox"/> |
| Activity Reports with Evidence | <input type="checkbox"/> |
| Witness Information List | <input type="checkbox"/> |

Personal Profile Form

Name of Candidate:

Student No:

Candidate Address:

Email address:

Pharmacy Address:
(including postcode)

Pharmacy Telephone Number:

Summary of Qualifications:

Courses Attended (dates):

Brief Employment History:

Personal Interests:

Current Job Description – with Key Responsibilities and Key Tasks:

Summary of Student's Achievements

PHARMACY SERVICES LEVEL 3

Student Name:				Student Number:		Start Date:	
Unit	Title	Date achieved	Candidate signature	Assessor signature	IV signature	EV signature	
1	Dispense medicines and products						
2	Control stock of pharmaceutical materials and equipment						
3	Providing pharmaceutical information and advice						
4	Ensure your own actions reduce the risks to health and safety						
5 OR 7	Manage your work and development Support the use of pharmacy information technology						
6	Provide an effective pharmacy service for customers						
10	Assist in the sale of OTC medicines and provide information to customers on symptoms and products						
11	Assist in the provision of community specialist services						

Activity Report with Expert Witness Testimony

Description of Activity

Date

Page No

Performance Criteria, Ranges and Knowledge covered (please complete)

Unit No	Element No	Performance Criteria	Range	Knowledge

Attached Performance Evidence eg documents, photographs, faxes, literature etc

EXPERT WITNESS TESTIMONY To be completed and signed by witness

I confirm that I witnessed the candidate undertaking the activity above and that they work consistently to the required standards.

Additional comments:

Name of Candidate: _____

Sign: _____ Date: _____

Name of Witness: _____

Sign: _____ Date: _____

RPSGB Reg No: _____

Date Stamp

Activity Report with Expert Witness Testimony

Continuation Sheet

Name of Candidate: _____

Sign: _____ Date: _____

Name of Witness: _____

Sign: _____ Date: _____

RPSGB Reg No: _____

Witness Information List

I the undersigned have read the witness guide for the second year and the NVQ 3 and understand the process. I have witnessed the candidate in action and have signed the witness testimonies to verify this.

Name	Job Title & Work Telephone No.	Signature	Involvement with Candidate

Pharmacist Assessment

Portfolio
Page No

This form should be used by the pharmacist to see the depth and breadth of the candidate's understanding and knowledge of the unit, concentrating on areas where underpinning knowledge is not apparent from performance. Record any written or oral questions used or simulations.

Unit No & Title:

Question or scenario set by pharmacist (this should only be used to cover any performance criteria, ranges or knowledge the student is having problems covering in the workplace).

Student's response (written or record of oral response):

Name of Candidate: _____

Sign: _____ Date: _____

Name of Witness: _____

Sign: _____ Date: _____

RPSGB Reg No: _____

Date stamp

PERFORMANCE CRITERIA AND RANGES COVERED (please complete)

Element No	Performance Criteria	Range	Knowledge

Copy of Prescription

SURNAME Mr/Mrs/Miss/Ms			
Age if under 12 years yrs : mths.	INITIALS AND ONE FULL FORENAME		
Address			
<i>Pharmacy Stamp</i>			
Pharmacist's pack & quantity endorsement	No. of days treatment N.B. Ensure dose is stated	NP	Pricing Office use only
Signature of Doctor		Date	
For phar- macist No. of Prescrip- tions on form			
IMPORTANT: Read notes overleaf before going to the pharmacy.			
Form FP10 (Rev. 93)			

This is a copy of a prescription.

Candidate signature: _____

Pharmacist signature: _____ Date: _____

Unit Assessment and Verification Declaration

N/SVQ Title: _____ Pharmacy Services _____

Unit No: _____ Unit Title: _____

Candidate Declaration:

I confirm that the evidence listed for this unit is authentic and a true representation of my own work.

Candidate Name: _____

Candidate Enrolment No: _____

Candidate Signature: _____ Date: _____

Assessor Declaration:

I confirm that this candidate has achieved all the requirements of this unit with the evidence listed. (Where there is more than one assessor, the co-ordinating assessor for the unit should sign this declaration.)

Assessment was conducted under the specified conditions and context, and is valid, authentic, reliable, current and sufficient.

Assessor Name: _____

Assessor Signature: _____ Date: _____

Internal Verifier Declaration:

This section to be left blank if sampling of this unit did not take place.

I have internally verified the assessment work on this unit in the following ways (please tick):

- sampling candidate and assessment evidence
- observation of assessment practice
- discussion with candidate
- other – please state:

I confirm that the candidate's sampled work meets the standards specified for this unit and may be presented for external verification and/or certification.

Not sampled

Internal Verifier Name: _____

Internal Verifier Signature: _____ Date: _____