

**Level 3 Diploma in Pharmacy Service Skills (NVQ) (QCF)**  
**(With accredited underpinning knowledge)**

**Year 2**

**TO BE RECEIVED AT THE NPA BY 9<sup>th</sup> July 2012 TO START ON 13<sup>th</sup> August 2012**

**Please complete in BLOCK CAPITALS**

Candidate Title: Mr/Mrs/Miss/Ms Candidate Name: \_\_\_\_\_  
(Please ensure your name matches the name on your passport for GPhC registration purposes)

Date of Birth: \_\_\_\_\_ Student No: \_\_\_\_\_

Country of Birth (Nationality): \_\_\_\_\_

Country of permanent residence: \_\_\_\_\_

Supervising Pharmacist Name: \_\_\_\_\_ GPhc Reg No: \_\_\_\_\_

Pharmacy Name: \_\_\_\_\_

NPA Membership No: \_\_\_\_\_ Tel: \_\_\_\_\_

Pharmacy Address \_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_

Please confirm Medicines Counter Assistants (MCA) course, eg Interact: \_\_\_\_\_

\_\_\_\_\_ Date obtained: \_\_\_\_\_

**English Language Competency**

Candidate's first language is:  English  another language \_\_\_\_\_

**Other Relevant Information about the Candidate**

*Please tick the appropriate box:*

Please provide information about any learning difficulty/disability/medical conditions that might require alternative arrangements or facilities.

- |  |   |
|--|---|
| <input type="checkbox"/> No disability                         | <input type="checkbox"/> Dyslexia                                 |
| <input type="checkbox"/> Blind/partially sighted               | <input type="checkbox"/> Deaf                                     |
| <input type="checkbox"/> Mobility difficulties/wheelchair user | <input type="checkbox"/> Personal care/support                    |
| <input type="checkbox"/> Mental health difficulties            | <input type="checkbox"/> Unseen disability, eg diabetes, epilepsy |
| <input type="checkbox"/> Multiple disabilities                 | <input type="checkbox"/> Other disability                         |

Please list any reasonable adjustments you think you may require:

**Ethnic Origin**

*(please indicate as appropriate)*

**White** .....  British .....  Irish .....  Any other White background

**Mixed** .....

**Black or Black British** ....  Caribbean .....  African .....  Any other Black background

**Asian or Asian British** ...  Indian .....  Pakistani .....  Bangladeshi .....  Any other Asian background

**Other Ethnic Groups** ....  Chinese .....  Any other ethnic group

I do not wish to disclose my ethnic group

Qcf registration form August 2012 - Year 2/JE/NCS/13.7.07

## Course Terms and Conditions

The NPA Member understands and agrees to the following:

- The fee for Year 2 of the course is £625 plus VAT.
- This is a two year course. Candidates who have fallen behind with their timetable are required to contact the NPA. Any candidate who does not complete the full course within three years will automatically be discontinued from the course.
- **Fees are non-refundable in the event of any cancellation, other than in exceptional circumstances and agreed in writing by the Education and Training Head of Department.**  
**(Note: - in this case a minimum 20% administration fee is applicable)**
- The member is responsible for payment to the NPA of all fees, which are invoiced through NPA Account – **do not send any money with this registration form.**
- Fees are payable in full at the commencement of the course.
- The course is **not transferable** to another candidate.
- The course material is copyright © and may not be reproduced in any form, unless otherwise indicated.
- The material may not be used after a candidate has discontinued the course.

I certify the particulars given on this form are correct and I accept the course Terms and Conditions as set out above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Employer/Supervising Pharmacist)*

### Data Protection Statement

We process all personal information ('Information') in accordance with the Data Protection Act 1998, under which you have certain rights. Your Information will be kept safe, secure and only used for the purposes for which it has been provided. By submitting your Information to us you consent to your Information being processed by us in accordance with this Data Protection Statement. In the event of the NPA group being merged with, or taken over by, another company, we reserve the right to transfer Information to the new company under these terms. If your Information changes please inform us of the change so that we can update our records.

We will use your Information to administer this training course and the relationship between you and the NPA, and to advise you about other NPA training courses. Information about ethnicity will be used only in aggregate and for monitoring the provision of the course. Disability information will be used for similar monitoring but may also be used to tailor our delivery of the course to your specific needs, where appropriate.

From time to time the NPA and other companies may wish to contact you to offer products or services likely to be of value to pharmacy professionals. Tick here if you do not wish your details to be used by such companies for this purpose .

If you have any questions concerning this Data Protection Statement, please write to The NPA Data Manager, Mallinson House, 38-42 St Peter's Street, St Albans, AL1 3NP.

**PLEASE ENSURE THAT YOU MAKE A COPY OF THESE FORMS FOR YOUR RECORDS AND SEND THE ORIGINALS TO THE NPA.**

NPA Education & Training Department  
38-42 St Peter's Street  
St Albans  
Hertfordshire AL1 3NP

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