

School of Health & Social Care
Additional Applicant Information



NON MEDICAL PRESCRIBING

Please complete this form in **black ink** and **BLOCK CAPITALS**

1 APPLICANT DETAILS

Full name:

PIN Number or NMC PIN Number or Professional Registration Number:

2 CURRENT EMPLOYMENT DETAILS

Present post:

Work/Base address:

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Organisation/NHS Trust: Contact telephone:

3 DECLARATION BY APPROVING SPONSOR/MANAGER

- I have discussed this application with the applicant and agree the sponsorship arrangements. This includes releasing the applicant for 26 study days and 12 days protected practice time with a prescribing medical practitioner. Upon completion of the module the applicant will be in a role that will regularly involve prescribing.
- The applicant is deemed as a fit and proper person to join the programme.
- Employers must have the necessary clinical governance infrastructure in place: ✓

The applicant is a first level nurse registered with the Nursing & Midwifery Council.	
The applicant is an Allied Health Professional (physiotherapist, podiatrist, radiographer) and registered with the Health Professions Council.	
The applicant has undergone a satisfactory Criminal Records Bureau check within the last three years.	
The applicant has been assessed as competent to take a history, undertake a clinical assessment and diagnose, before being put forward. Where the applicant will be prescribing for children, this assessment must ensure that they are able to consider the legal, cognitive, emotional and physical difference between children and adults.	
There is clinical need within the applicant's role to justify prescribing.	
The applicant has sufficient knowledge to apply prescribing principles taught on the programme of preparation to their own area and field of practice.	
GCSE Mathematics Grade C or above, or equivalent.	

Signed: Name: Date (dd/mm/yyyy):

Designation: Organisation:

Designation: Organisation:

4 SIGNATURE OF NON MEDICAL PRESCRIBING LEAD/PRACTICE MANAGER

Signed: Name: Date (dd/mm/yyyy):

Designation: Organisation:

5 DECLARATION BY PRACTICE MENTOR

- I agree to support the student during a period of 12 days supervised practice.
- I accept that this role involves teaching and assessing in practice.
- I agree to access mentorship preparation offered by Teesside University.

Signed: Name: Date (dd/mm/yyyy):

Designation: Organisation: