# Appendix 2: Option 2 – Cross-sector Partnerships Application Template

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| **EoI Question** | **Response** |
| What type of bid are you submitting? | Cross sector / ~~Community pharmacy~~ |
| Number of trainees |  |
| Would you accept funding contributions for less trainees? | Yes / No |
| Employing organisation / System leadIf completing this form as part of a system-wide bid please provide the systems lead's details here (name, organisation, email address etc.) and include the employer details in the partnership section below. |  |
| Name of employing/system lead’s organisation |  |
| Address |  |
| Contact’s forename |  |
| Contact’s surname |  |
| Contact’s email |  |
| Contact’s telephone |  |
| Partnership organisationsFor system-wide bids, please clearly identify the employer and their associated partners for each separate partnership below |  |
| Partner organisations – please list each of your partner organisations where the PTPT will spend a minimum of 12 weeks per year on a training placement |  |
| Demonstration of minimum criteria |  |
| Does your/each partnership include a community and/or hospital pharmacy? | Yes / No |
| Do you agree to pay the trainee at a minimum of AfC Annex 21 Band 4 pay or minimum wage/living wage as appropriate for age, whichever is greater? | Yes / No |
| Can you support payment of additional costs not covered by the training contribution (e.g. on costs, including pension, salary, etc)? | Yes / No |
| Who will pay the additional costs not covered by the training contribution? | Employer / Partner organisation / If Other, please specify |
| How much time will the trainee be given to attend college/complete distance learning **and** undertake assignments? | 1 day per week1 day per week plus 1 hour1 day per week plus 2 hours1 day per week plus 3 hours1 day per week plus 4 hours1 day per week plus more than 4 hours |

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| Will the trainee have access to adequate IT and protected space to complete knowledge learning/assessments in all placements – to complete the training requirements throughout the 24-month training programme? | Yes / NoProvide details |
| Has an educational supervisor been identified, who is a registered pharmacist or pharmacy technician with a minimum of 24 months’ post-qualification experience and capacity to support the trainee for duration of the programme?(The name of this individual must be provided before the trainee starts, via a data collection form) | Yes / No |
| Can you confirm you have practice supervision capacity identified for the full 24-month period for **each placement**?  | Yes / No |
| Does each placement have a registered pharmacy professional within their organisation? | Yes / No |
| What is your proposed placement model? | Split weekRotation blocksOther |
| Please provide brief details of the proposed placement model | (Maximum of 500 characters) |
| Select the different sectors in which the trainee will be placed  | Ambulance serviceCare homesCommunity pharmacyGeneral PracticeHealth and justiceIntegrated care systemMental healthPrimary care networksSecondary careOther |
| Supporting Information |  |
| Give an overview of how the work-based training delivered by the employer and partnership sites will meet the requirements of the GPhC IET standards for pharmacy technicians, including final accuracy checking of items dispensed by others, person-centred medicines optimisation, professionalism, and leadership | (Maximum of 2000 characters) |
| Provide a brief overview of the planned educational infrastructure within your partnership, including details of relevant education and training experience of your staff, and additional information that may support the learning experiences of your trainee/s. | (Maximum of 3000 characters) |