# 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 lead  If 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 organisations  For 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 week  1 day per week plus 1 hour  1 day per week plus 2 hours  1 day per week plus 3 hours  1 day per week plus 4 hours  1 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 / No  Provide 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 week  Rotation blocks  Other |
| 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 service  Care homes  Community pharmacy  General Practice  Health and justice  Integrated care system  Mental health  Primary care networks  Secondary care  Other |
| 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) |