

Training Establishment Details

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To complete the form, you will need to navigate through seven short pages. Please click on "Next Page" at the bottom of the screen to move to the following page and similarly click on "Previous Page" to go back to the previous page.

1 * Training Establishment No. 1 - PSI number (if not applicable, please enter 0)

2 * Training Establishment No. 1 - Name

3 * Training Establishment No. 1 - Address

(If you would like to accredit more than three Training Establishments, please fill in this form using your main address and then click on this link (<https://vle.appel.ie/mod/assign/view.php?id=3499>), to upload a document containing the Training Establishment's names, addresses and PSI numbers.)

4 Training Establishment No. 2 - PSI number (if not applicable, please enter 0)

5 Training Establishment No. 2 - Name

6 Training Establishment No. 2 - Address

7 Training Establishment No. 3 - PSI number (if not applicable, please enter 0)

8 Training Establishment No. 3 - Name

9 Training Establishment No. 3 - Address

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10 * TRAINING ESTABLISHMENT DETAILS

Type of Training Establishment:

Choose...

11 * I confirm that I am the ...(tick one option below)... of the aforementioned Training Establishment/s.

Choose...

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CONNECTIONS DECLARATION

APPEL requires that the owner* of and/or the staff members in supervisory/management roles at the training establishment declares any of the following connections listed below to students of pharmacy in UCC, RCSI and TCD by ticking the appropriate box below and providing the necessary details in the table:

Connections (including, but not limited to): spouse or partner, parent, brother, sister, child, spouse of a child, grandparent, uncle, aunt, niece, nephew, brother-in-law, sister-in-law parent-in-law and cousin.

**Where the owner is a corporate body OR is not readily identifiable as an individual or a group of individuals, the superintendent pharmacist or supervising pharmacist of a retail pharmacy business / the chief pharmacist of a hospital pharmacy department / the manager or supervisor in a non-patient facing practice setting may make these declarations on behalf of the owner.*

12 * I declare that:

- I am unaware of any such connections.
- I am aware of the following connection/s and will provide the details of the connection/s below.

13 Please provide the details of any connections below, including the connected student's full name, HEI and details of connection to the student. (Example: Alex Doe, UCC, nephew)

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14 * DECLARATIONS

To comply with the legislation governing the five-year integrated pharmacy programme (SI 377 of 2014), a number of declarations by the owner* of the training establishment are required. To comply with this legislation, APPEL asks that the owner(s)* of the training establishment self-declare each of the following statements to be true.

**Where the owner is a corporate body OR is not readily identifiable as an individual or a group of individuals, the superintendent pharmacist or supervising pharmacist of a retail pharmacy business / the chief pharmacist of a hospital pharmacy department / the manager or supervisor in a non-patient facing practice setting may make these declarations on behalf of the owner.*

- i. The owner(s) of the training establishment has/have not, within the past two years, been convicted of any offence, not being an offence tried on indictment, under the Act or under the Misuse of Drugs Acts 1977 to 2006, the Irish Medicines Board Acts 1995 and 2006, the Poisons Acts 1961 and 1977, the Animal Remedies Acts 1993 and 2006 or the European Communities (Animal Remedies) Regulations (No. 2) Regulations 2007 (SI 786 of 2007), and
- ii. The owner(s) of the training establishment has/have not, within the past four years, been convicted of any offence tried on indictment.

In cases where the training establishment owner **is also a registered pharmacist or pharmacy owner**, the following additional declarations apply:

iii. The owner(s) of the training establishment is/are not currently the subject of any disciplinary sanction with regards to the registration of the pharmacist or the retail pharmacy business (if applicable).

iv. The owner(s) of the training establishment has/have not currently been required to provide an undertaking or consent to undertake to attend specified educational courses, training or other means of improving his or her competence to practice or to carry on a retail pharmacy business (if applicable).

True

False (If you select "False", please contact APPEL at ops@appel.ie before progressing further through the accreditation form.)

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15 * **JOINT WRITTEN AGREEMENT - STUDENT VETTING**

APPEL Agreement (with Placement Providers) For the Purposes of Section 12(3A) of the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016

This agreement is between the above stated Training Establishment(s) (the "Placement Organisation (s)") and

1. **University College Cork - National University of Ireland, Cork** with an address at Western Road, Cork, Ireland ("**UCC**"); and

It is acknowledged and agreed each student accepting a place on a degree programme subject to UCC's Student Vetting Policy shall be subject to vetting in accordance with National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016 (the "**Acts**"). Therefore, and in accordance with section 12(3A) of the Acts, UCC and the Placement Organisation hereby jointly agree in writing:

- A) to the placement of UCC's students with the Placement Organisation to undertake relevant work or activities (as defined in the Acts);
- B) that UCC will obtain vetting disclosures for each student undertaking such placement from the National Vetting Bureau;
- C) that UCC will ensure each student's vetting disclosure obtained by UCC is considered and processed in accordance with the UCC Student Vetting Policy; and
- D) that UCC will, upon written request, make available a copy of a vetting disclosure to the Placement Organisation in advance of the placement provided the student has consented to same and on the strict understanding the Placement Organisation will hold such documents in a secure and confidential manner in accordance with the Acts.

The conduct of the vetting process and the processing by both parties of the results of the vetting and verification processes shall be undertaken at all times in accordance with the requirements of the Acts, the Data Protection Acts, 1988 to 2018, as may be amended, modified or consolidated together with the EU General Data Protection Regulation 2016/679, as amended from time to time, and any further legislative, international convention or EU charter adopted in respect of data protection and privacy matters.

Signed for and on behalf of:

University College Cork



Prof. Brendan Griffin, Head of the School of Pharmacy

2. **Royal College of Surgeons in Ireland** with an address at 123 St. Stephen's Green, Dublin 2 ("**RCSI**"); and

It is acknowledged and agreed each student accepting a place on a degree programme subject to RCSI's Student Vetting Policy shall be subject to vetting in accordance with National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016 (the "**Acts**"). Therefore, and in accordance with section 12(3A) of the Acts, RCSI and the Placement Organisation hereby jointly agree in writing:

- A) to the placement of RCSI's students with the Placement Organisation to undertake relevant work or activities (as defined in the Acts);
- B) that RCSI will obtain vetting disclosures for each student undertaking such placement from the National Vetting Bureau;
- C) that RCSI will ensure each student's vetting disclosure obtained by RCSI is considered and processed in accordance with the RCSI's Student Vetting Policy; and

D) that RCSI will, upon written request, make available the vetting disclosure to the Placement Organisation in advance of the placement provided the student has consented to same and on the strict understanding the Placement Organisation will hold such documents in a secure and confidential manner in accordance with the Acts.

The conduct of the vetting process and the processing by both parties of the results of the vetting and verification processes shall be undertaken at all times in accordance with the requirements of the Acts, the Data Protection Acts, 1988 to 2018, as may be amended, modified or consolidated together with the EU General Data Protection Regulation 2016/679, as amended from time to time, and any further legislative, international convention or EU charter adopted in respect of data protection and privacy matters.

Signed for and on behalf of:

Royal College of Surgeons in Ireland



Prof. Helena Kelly, Head of the School of Pharmacy and Biomolecular Sciences

3. **University of Dublin, Trinity College** with an address at College Green, Dublin 2 ("**TCD**"); and

It is acknowledged and agreed each student accepting a place on a degree programme subject to TCD's student vetting policy shall be subject to vetting in accordance with National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016 (the "**Acts**"). Therefore, and in accordance with section 12(3A) of the Acts, TCD and the Placement Organisation hereby jointly agree in writing:

- A) to the placement of TCD's students with the Placement Organisation to undertake relevant work or activities (as defined in the Acts);
- B) that TCD will obtain vetting disclosures for each student undertaking such placement from the National Vetting Bureau;
- C) that TCD will ensure each student's vetting disclosure obtained by TCD is considered and processed in accordance with TCD's student vetting policy; and
- D) that TCD will, upon written request, make available a copy of a vetting disclosure to the Placement Organisation in advance of the placement provided the student has consented to same and on the strict understanding the Placement Organisation will hold such documents in a secure and confidential manner in accordance with the Acts.

The conduct of the vetting process and the processing by both parties of the results of the vetting and verification processes shall be undertaken at all times in accordance with the requirements of the Acts, the Data Protection Acts, 1988 to 2018, as may be amended, modified or consolidated together with the EU General Data Protection Regulation 2016/679, as amended from time to time, and any further legislative, international convention or EU charter adopted in respect of data protection and privacy matters.

Signed for and on behalf of:

University of Dublin, Trinity College



Prof. John Gilmer, Head of the School of Pharmacy and Pharmaceutical Sciences

- Agree
- Disagree (If you select "Disagree", please contact APPEL at ops@appel.ie before progressing further through the accreditation form.)

16 * **PLACEMENT AGREEMENT BETWEEN APPEL AND TRAINING ESTABLISHMENT**

The purpose of this Agreement is to outline the responsibilities of both the Affiliation for Pharmacy Practice Experiential Learning (APPEL) and the Training Establishment ('the Parties') in their respective participation in student placement(s) associated with the five-year integrated pharmacy programme. APPEL is a consortium of the Schools of Pharmacy (and Pharmaceutical Sciences) at University College Cork – National University of Ireland, Cork (UCC), Royal College of Surgeons in Ireland (RCSI), and the University of Dublin, Trinity College (TCD). Placement agreements between APPEL and the Training Establishment apply to placements provided to students in all three higher education institutions (HEIs).

This Agreement shall be deemed to commence on the date of signing and shall continue for four years, unless it is terminated earlier in accordance with the terms below or renewed or extended by written Agreement of the Parties.

The Parties will comply with all applicable laws, including, but not limited to any relevant health and safety and data protection laws.

In the event that the training establishment has any concern or issue with or about a student, they must bring this to the attention of APPEL; thereafter it will be a matter for APPEL to interact with the student regarding the matters raised. If these matters cannot be resolved to the satisfaction of either Party, the student’s placement with the Training Establishment may be terminated by either Party. It is agreed that such cases shall be discussed by the Parties before any action is taken by a Party.

Both Parties will have the right to terminate or suspend this Agreement. Each Party must inform the other in writing if they wish to terminate or suspend the Agreement.

No funding commitments are created by this Agreement.

No right or licence is granted hereunder to use the name, logo, trademark of the other Party without its prior written consent.

Nothing in this Agreement gives rise to a relationship of agency or partnership, joint venture or the relationship of principal or agent between the Parties and no Party has the right or authority to act on behalf of the other Party in any way. The Training Establishment acknowledges the student(s) is/are not an agent of their HEI and does not have the authority to sign any documentation on behalf of their HEI.

This Agreement constitutes the entire Agreement and understanding of the Parties with respect to its subject matter. Any modification or amendment to this Agreement shall be in writing and signed by the Parties.

Neither Party may assign this Agreement or any right under this Agreement without the prior written consent of the other Party.

This Agreement is governed by the laws of Ireland and the Irish courts shall have exclusive jurisdiction to settle any dispute arising out of or in connection with it.

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Insurance

(a) Insurance for Training Establishments in Industry and/or Role-Emerging Practice Settings:

The APPEL Consortium HEIs^[1] and the Training Establishment shall both maintain public liability, employer’s liability and professional indemnity insurance with minimum indemnity limits respectively of not less than €6,500,000, €13,000,000 and €6,500,000. Upon request, the HEIs and the Training Establishment shall provide the other with evidence of such insurance cover.

(b) Insurance for Training Establishments in Registered Retail Pharmacy Business(es) and/or Hospital Pharmacy Department(s):

The APPEL Consortium HEIs^[2] and the Training Establishment shall both maintain public liability, employer’s liability and professional indemnity insurance with minimum indemnity limits respectively of not less than €6,500,000, €13,000,000 and €6,500,000. For the avoidance of doubt the professional indemnity insurance maintained by the Training Establishment, or the Clinical Indemnity Scheme where the Training Establishment is subject to same, shall be expected to be arranged to cover the Student whilst on placement and provide for compensation in the event of any injury, loss or damage to, or the death of, any patient in the course of the carrying on of the organisation’s business. Upon request, the HEIs and the Training Establishment shall provide the other with evidence of such insurance cover.

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Training Establishments

The Training Establishment agrees it shall provide the student(s) with the placement opportunity for the periods and at such locations as agreed with APPEL. In doing so, the Training Establishment confirms it shall:

- a) Provide sufficient practice opportunities to the student at the appropriate level for each placement.
- b) Ensure that experiential learning placement(s) will be provided in accordance with the Standards for APPEL Experiential Learning Placements.
- c) Meet the student supervision requirements by appointing a suitably-qualified trainer for the placement, as follows:

	2nd-year placement	4th-year placement	5th-year placement
Trainer pharmacist title	Supervisor	Preceptor	Senior preceptor

Trainer pharmacist requirements	Employed for a minimum of 3 days/week or equivalent. Meets APPEL Supervisor requirements.	Employed for a minimum of 3 days/week or equivalent, if employed by the Training Establishment*. Meets APPEL Preceptor requirements.	On-site minimum of 3 days/week or equivalent. Meets APPEL Senior Preceptor requirements.
Supervisory requirements	Minimum 1 face to face session	Minimum 1 meeting per 4 weeks and as required, of which 2 sessions must be face to face	Onsite direct supervision with regular face to face sessions as required
Registration requirements of trainer pharmacist	PSI Registered pharmacist	PSI Registered pharmacist	PSI Registered pharmacist with 3 years post-registration experience AND 2 years practice in field of supervision

* Please note: APPEL will consider the possibility of having an off-site preceptor pharmacist on a case-by-case basis. If an off-site preceptor pharmacist is appointed, an on-site supervisor(s) is (are) required to be nominated by the Training Establishment.

*External Preceptors: APPEL will consider the possibility of having an external Preceptor Pharmacist on a case-by-case basis. If an external Preceptor Pharmacist is appointed, an On-Site Supervisor is required to be nominated by the Training Establishment. In this circumstance, the Training Establishment agrees that the external preceptor can maintain regular contact with the student and the on-site supervisor, and that the student's competency assessment will be determined by the external preceptor in consultation with the on-site supervisor.

d) Provide a safe place of work in accordance with its obligations under the Safety, Health and Welfare at Work Act 2005 (as amended). The Training Establishment confirms that the following statements are true:

- The Training Establishment complies with the Safety, Health and Welfare at Work Act 2005 (as amended), and therefore, has an up-to-date Safety Statement and has undertaken risk assessments.
 - Risk assessments are kept under regular review. Practices to reduce risks are implemented to ensure that the Training Establishment remains a safe environment for students.
 - All necessary health and safety training will be provided to the student(s) undertaking placement at the Training Establishment.
 - There is a formal procedure for recording any health and safety-related accidents at the Training Establishment. All recorded accidents involving placement students will be reported to the APPEL team.
- e) Notify the student(s), in a timely manner, of its policies and procedures, insofar as they apply to the student(s) for the placement. Students will be provided with the Training Establishment's standard operating procedures and trained to a sufficient level to safely discharge their duties.
- f) Provide the student(s) with induction training at the start of the placement – including training on what their role is, the importance and primacy of patient safety and (as applicable) their obligations under relevant legislation, as well as how to raise concerns/make complaints if issues arise.
- g) Have appropriate staff levels to be able to commit to the supervision requirements for the student(s) and ensure that all staff promote good professional practice.
- h) Provide the student(s) with an appropriate level of access to the resources necessary to undertake their placement activities appropriately.
- i) Consent to APPEL conducting its evaluation of placements.
- j) Consent to training establishment visits by APPEL practice educator(s).
- k) Consent to the external preceptor reviewing the student's progress on a regular basis by contacting the student, and performing the formative and summative competency assessments, in consultation with the non-pharmacist supervisor (as applicable).
- l) Not enter into any contract with the student(s) which is inconsistent or conflicts with this Agreement.
- m) Provide the student(s) and APPEL with such feedback, information and co-operation as may be reasonably requested in order to facilitate the evaluation and review of the student(s).

APPEL

APPEL, as the affiliation responsible for organising and managing student practice placements on the five-year integrated pharmacy programme, shall:

- a) Put transparent arrangements in place between APPEL and the Training Establishment to clarify the responsibilities and expectations of each Party involved in the delivery of training.
- b) Provide attendance timetables to students and Training Establishments in advance of the placements.
- c) Provide the Training Establishment and the student(s) with such co-operation and assistance as shall be reasonably requested to facilitate the placement.

- d) Facilitate the appointment of a suitable external preceptor, in the case that there is no PSI-registered pharmacist employed by the Training Establishment (as applicable).
- e) Assign a practice educator to each Training Establishment for the duration of the placement. The practice educator will act as a contact point between APPEL and the Training Establishment in respect of the practice placement.
- f) Prepare students for their practice placement in line with APPEL's policies and procedures.
- g) Ensure that all students on practice placements have been vetted by their HEI and have been deemed appropriate to undertake practice placements, prior to placement by APPEL.
- h) Ensure that all students have been deemed by their HEI to have reached an acceptable immunisation/infectious disease status to undertake their practice placements, prior to placement by APPEL.
- i) Make a confidentiality agreement available to the Training Establishment if required, which details that APPEL and the student(s) shall maintain the confidentiality of confidential information.
- j) Not require pharmacy student(s) to include any information constituting personal data of patients or staff of the Training Establishment, or any sensitive business information, in any academic exercise during or following their placement.
- k) Ensure that the student(s) is/are a suitable candidate for placement.
- l) Provide reasonable notice of visits to the Training Establishment in advance of the visit.

Signed for and on behalf of APPEL:



Katherine Morrow

Director and National Coordinator of APPEL

[1] HEIs –Higher Education Institutions – in this case UCC, RCSI and TCD

[2] HEIs –Higher Education Institutions – in this case UCC, RCSI and TCD

- Agree
- Disagree (If you select "Disagree", please contact APPEL at ops@appel.ie before progressing further through the accreditation form.)

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FINAL DECLARATION

By signing this online document, the

- **owner/superintendent/supervising pharmacist (if a Retail Pharmacy Business),**
- **Chief Pharmacist or representative (if a Hospital Pharmacy Dept),**
- **or owner/manager/supervisor (if other Training Establishment Site)**

for the Training Establishment declares that, to the best of their knowledge, all of the above is true and that they will inform APPEL of any changes in these circumstances during the Training Establishment accreditation period.

17 * Signature (FULL NAME)

18 * Role:

19 * Date of Signature:

Enter the date using the date picker below.

Close this window