

Application Form

Independent / Supplementary Prescribing for Pharmacists

Standard programme (8 months): Level 7 programme (60 credits): Independent Prescribing for Pharmacists

40 credit module (8 months) as part of MSc in Advanced Clinical Practice with University of Greenwich Faculty of Education and Health

The closing dates for applications for 2026/27 academic year are:

September Cohort	Standard programme – 8 months	4pm 12 June 2026
February Cohort	Standard programme – 8 months	4 pm 20 November 2026
May Cohort	Standard programme – 8 months	4pm 12 February 2027

BEFORE YOU BEGIN: The Independent and Supplementary Prescribing programme is extremely demanding. It is important to read all the information on the form carefully. You will need to do the following before you apply.

- Discuss your intention to undertake the programme with your organisation Non-Medical Prescribing (NMP) lead, if you have one, prior to completing the application.
- Ensure that you fit the academic and clinical entry criteria.
- This is a distance learning programme; you must have access to a computer and the internet and be sufficiently computer-literate to navigate an online learning platform and to download and upload files.
- Ensure that consideration has been given to the impact on clinical workload during your period of study and that you negotiate an appropriate level of support and additional study leave. Please share the support page for employers, found on our website.
- Ensure agreement from a Designated Prescribing Practitioner (DPP)
- Ensure that you can attend all of the **compulsory** study and assessment days. The dates for the study and assessment days of upcoming cohorts are on the website under programme structure. <http://www.msp.ac.uk/studying/postgraduate/supp-independent-prescribing/index.html>
- Ensure that you are not away from the period of learning for more than two consecutive weeks.
- Please check information from the [GPhC](#)

Guidance Notes on completing the form

This application form consists of five sections. In order to apply for a prescribing programme within this institution, we require you to complete all FIVE sections legibly.

- Section 1: Personal details and working practice
- Section 2: Declaration of eligibility/support/and access to prescribing budget
- Section 3: Declaration of support from a Designated Prescribing Practitioner (DPP)
- Section 4: Funding statement.
- Section 5: Personal intention form.

Only legible and complete applications will be considered at the application panel.

- Applications are screened once per applicant on whether anything is outstanding.
- Applications can be sent as more than one document.

If you would like to discuss any aspect of the application process, please email MSOPPGTAdmin@greenwich.ac.uk

The form

- Download the form and save to your computer before using the fillable sections.
- Ensure the application form is signed by applicant, manager, NMP Lead and DPP.
- It is mandatory that the DPP signature is a 'wet signature' we do not accept electronic DPP signatures.
- The statement of funding must be completed.

Further considerations

Please consider the following:

1. Places on this programme of study are sought-after. If you take up a place and then withdraw you will have prevented another student from taking part.
2. If you have taken up an NHS funded place and then withdraw your organisation may become liable for the entire cost. They may expect you to bear some of that financial burden.
3. The information requested on the application form is required by the professional/regulatory bodies and the university. Please take your time to complete it carefully as any incomplete applications will have to be returned to you which may delay your application.
4. If you are self-employed you need to show as part of your application how you will be supported and fit the programme of study into your current practice.

We have an [FAQ page](#) on our website to help support applicants with this process. Please use this resource if you have any queries.

We look forward to processing your application in due course.

**Trudy Thomas,
Prescribing Programme Lead, Medway School of Pharmacy.**

SECTION 1: PERSONAL DETAILS AND WORKING PRACTICE

A. PERSONAL DETAILS

TITLE:

D.O.B.

FIRST NAME:

LAST NAME:

PLEASE STATE YOUR PREFERRED PRONOUNS:

CURRENT JOB TITLE:

GPhC/PSNI REGISTRATION No.:

NAME OF EMPLOYING ORGANISATION/TRUST:

FULL WORK ADDRESS:

HOME ADDRESS:

HOME TELEPHONE NUMBER:

MOBILE TELEPHONE NUMBER:

APPLICANT EMAIL ADDRESS:

WORK TEL.:

Please state the identified area of clinical or therapeutic practice on which you intend to base your learning through the prescribing programme:

What setting will you be prescribing? (acute/GP/community/NHS/private sector/prison service etc.)

Are you currently undertaking any other programme of study?

If yes, please state which programme and indicate when you will be completing. All University of Greenwich MSc Advanced Practice Students and General Pharmacy Practice Students must complete this section

Have you commenced a Non-Medical Prescribing Programme previously?

If yes, please briefly state the Educational Institute, dates and your reason for not completing (if necessary, provide more details within your personal statement on page 8):

B. STUDY PATHWAY

Please select from the following:

C. START DATE

Please select from the following:

If you are applying for the 40-credit module as part of MSc Advanced Clinical Practice you can only apply for the September intake

If you are applying as part of a teach and treat pathway please put this as your study pathway

QUALIFICATIONS:

The Level 7 60 credit programme leads to the attainment of a Postgraduate Certificate. Pharmacist applicants must provide their degree certificate.

Professional Healthcare Qualification: *(your registration will be checked on your professional regulator website)*

Qualification	Date Obtained

Date of initial Professional Body Registration	GPhC/PSNI number

Academic qualifications e.g. Diploma, Degree or Masters (Levels 5, 6 or 7):

(You will be asked to submit copies of your certificates should you be awarded a place on the programme)

Name of Course/Module	Academic Level	Date obtained	Awarding Body

D. PERSONAL STATEMENT

On the next page please write a personal statement in support of your application. This should be an academic, referenced (using either [Harvard](#) or [Vancouver](#)) and reflective piece detailing:

In 1-2 sentences, state your identified area of clinical therapeutic practice (i.e. your 'scope of practice) for the purpose of developing your independent prescribing practice i.e. respiratory conditions within the community setting.

Explain why you have chosen this clinical area and how you hope to use your ability as an independent prescriber to support and enhance patient care (Maximum 200 words)

Detail your relevant patient-orientated experience in a UK pharmacy setting and how this has helped you deliver person centred care to date and how it will enable you to have a positive impact on patient care in your identified area of clinical therapeutic practice (Maximum of 300 words)

Detail what you recognise are the skills and attributes required by a prescriber working in your identified area of clinical practice with examples of how your clinical or therapeutic experiences will help you achieve these in the future (Maximum 300 words)

Please explain below) how you will gain regular access to patients within your chosen scope of practice in order to enable you to achieve the required 90 hours supervised practice. (Maximum 150 words)

Why you have chosen the DPP you have (Maximum 50 words)

- Please note we are happy to accept a separate word document for your personal statement if that is easier for you.
- It is your responsibility to make sure that your application form is readable

Reflective statement- this can be submitted as a separate word document if preferred

Academic References using either [Harvard](#) or [Vancouver](#) – i.e. supportive literature cited in your Personal Statement¹.

¹ This is **not** the same as an academic referee (i.e., a named person).

SECTION 2: DECLARATIONS OF ELIGIBILITY/SUPPORT/AND ACCESS TO PRESCRIBING BUDGET

To be completed by the applicant and confirmed by their manager²

Please indicate yes or no on all the following statements to confirm:
I am a registered pharmacist with the General Pharmaceutical Council (GPhC) or with the Pharmaceutical Society of Northern Ireland (PSNI)
I have read the GPhC Guidance to support the implementation of the standards for the education and training of Pharmacist Independent Prescribers link here
I am in good standing with the GPhC and/or PSNI and any other healthcare regulator with which I am registered
I have relevant experience in a UK pharmacy setting as detailed within my personal statement.
I have identified an area of clinical therapeutic practice on which I will base my learning as detailed within my personal statement.
The suitability of this application has been discussed with the NMP lead for the organisation (if applicable)
I have access to a computer and the internet.
Prescribing Programme (ALL Applicants) I will be given 9 study days to attend the university, time to attend assessments and a minimum of 90 hours (12 days x 7.5hr) supervised learning in a practice environment.
In line with the GPhC standards, all pharmacist independent prescribers in training must be supported as a student in learning and practice environments. We recommend students are given up to 17 days (or equivalent hours) of additional study time to enable the distance learning elements of the Prescribing Programme to be met. A discussion between the line/service manager and the applicant regarding additional study time has taken place (complete the amount below)
Please state the expected additional studytime agreed: _____ days OR _____ hours

² This section **must** be completed by an appropriate other if you are self-employed.

AGREEMENTS

I agree that the information on page 9 (DECLARATION OF ELIGIBILITY / SUPPORT / ACCESS TO PRESCRIBING BUDGET) is accurate, that this application is appropriate for patient services, and that the employing organisation supports the applicant for this programme of study (to be completed by manager)³.

NAME OF MANAGER:

CURRENT JOB TITLE:

EMAIL ADDRESS:

SIGNATURE:

DATE:

I agree that the information on page 9 (DECLARATION OF ELIGIBILITY / SUPPORT / ACCESS TO PRESCRIBING BUDGET) is accurate, that this practitioner will have access to the prescribing budget associated with the role identified and support their subsequent qualification as a non-medical prescriber upon successful completion of the programme (to be completed by NMP Lead or other budget holder who should also complete section 4)⁴.

You may leave this blank if the prescribing service you will be offering will not use an NHS budget as a prescriber.

NAME OF NMP LEAD / BUDGET HOLDER:

EMAIL ADDRESS:

SIGNATURE:

DATE:

Confirmatory statement (to be signed by manager or NMP lead)³

I can confirm the suitability of the applicant based on the entry criteria, including prior experience and the ability to recognise, understand and articulate the skills and attributes required of a prescriber.

I agree that the applicant has work base support to undertake this prescribing programme.

NAME OF MANAGER or NMP LEAD / BUDGET HOLDER:

EMAIL ADDRESS:

SIGNATURE:

DATE:

³ This section **must** be completed by an appropriate other if you are self-employed.

⁴ This is not confirmation of sponsorship for programme fees

SECTION 3: DECLARATION OF SUPPORT FROM A DESIGNATED PRESCRIBING PRACTITIONER (DPP)⁵

FULL NAME OF DESIGNATED PRESCRIBING PRACTITIONER:

CONTACT ADDRESS:

EMAIL ADDRESS:

QUALIFICATIONS:

GMC/NMC/HCPC/GPhC REGISTRATION NUMBER:

APPLICANT NAME:

Please supply the following information to ensure the criteria are met for the supervision in practice of trainee pharmacist prescribers.

Are you a registered practitioner who:

1. I have at least 3 years' active prescribing experience and competence applicable to the areas in which I will be supervising Please give brief details:
2. I am trained and/or experienced in supporting or supervising students, providing feedback on their progress towards, and achievement of, proficiencies and skills? Please give brief details:
3. And I have the support of the employing organisation to act as the Designated Prescribing Practitioner to provide supervision, support and opportunities to develop competence in prescribing practice
4. I can confirm the suitability of the student based on the entry criteria, including prior experience and the ability to recognise, understand and articulate the skills and attributes required of a prescriber
5. I have appropriate patient-facing clinical and diagnostic skills
6. I have the ability to assess patient-facing clinical and diagnostic skills
7. I have demonstrated CPD or professional revalidation relevant to this role.
8. I have read the RPS DPP guidance and I match the criteria
9. I have read the GPhC guidance on tutoring for pharmacists link here

NB: the DPP must disclose if they are currently under investigation by their professional regulatory body or have been referred to a fitness to practice panel hearing.

Continued overleaf

⁵ In order to assure professional impartiality the DPP must NOT be related to the applicant or have any personal connection

I confirm that I have agreed to oversee learning, supervise, and support the applicant for a minimum of TWELVE DAYS (or 90 equivalent hours) in the development of their prescribing role during clinical placement

WRITTEN SIGNATURE: _____

DATE: _____

We **cannot** accept E-signatures! You must print this page have it signed by your DPP and return to us as a scan.

SECTION 4: FUNDING STATEMENT

Please state how your place on this programme will be funded.

Complete one of the options listed

Please ensure your name is filled in.

APPLICANT NAME: _____

Option 1. FUNDED BY EMPLOYERS (NHS OR PRIVATE)

Please include a statement on *headed paper* from your organisation indicating support for the above named student and details of who the university is to invoice for the programme fee (see [fees and finance](#)).

NAME OF SUPPORTING ORGANISATION:

ADDRESS:

FINANCE CONTACT EMAIL:

*If you do not have the support of your organisation, YOU will be liable to pay the full cost of the course fees

Option 2. SELF-FUNDING

I will self-fund the programme and pay via the University of Greenwich online portal during registration should I be offered a place. Non-payment of fees for self-funders will prohibit registration automatically. For more payment information please contact the programme administrator.

SIGNATURE: _____

DATE: _____

Option 3. Funding has been charged by the University of Greenwich Faculty of Education and Health as part of the MSc Advanced Clinical Practice

I will self-fund the programme and pay via the University of Greenwich online portal during registration should I be offered a place. Non-payment of fees for self-funders will prohibit registration automatically. For more payment information please contact the programme administrator.

MSc PROGRAMME LEAD: _____

SIGNATURE: _____

DATE: _____

Continued overleaf...

Option 4. NHSE contract funding for Pharmacists Prescribing only

If you are applying for NHSE funding for pharmacists, please confirm the following:

You are a Pharmacist in PCN ARRS role enrolled on the Primary Care Education Pathway (PCPEP) working in England	Yes	No
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If so, you **must** submit your certificate from CPPE confirming you are eligible to apply for the Prescribing programme with your application. This can be as a separate attachment.

Community pharmacist working or intending to work to support delivery of NHS clinical services working in England as they develop OR	Yes	No
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Locum pharmacist working intending to work in community to support delivery of NHS clinical services working in England as they develop OR	Yes	No
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Pharmacist working to provide primary care services (e.g. working in primary care/CCG/general practice) who is not employed in ARRS role OR	Yes	No
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Pharmacists working in the Health and Justice system OR	Yes	No
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Pharmacists working in the NHS managed sector covering activity usually delivered through NHSE regional commissioning models working in England (hospital)	Yes	No
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PLEASE NOTE: If you have taken up an NHSE funded place on the programme and then withdraw your organisation may become liable for the entire cost. They may expect you to bear some of that financial burden.

SECTION 5: PERSONAL INTENTION FORM

PLEASE CONFIRM ONE STATEMENT BELOW

I do not to my knowledge have a close personal or working relationship with any of the MSoP prescribing teaming team
OR

I have a close personal or working relationship with the following member of the MSoP prescribing teaming team

STAFF NAME:

Note: Where a relationship is declared, this will not prevent you being considered for the programme. The MSoP team member will not be able to participate in the review of your application

APPLICATION DECLARATION:

If successful in my application, I agree to complete the Independent/Supplementary Prescribing Programme. I further agree to utilise my prescribing skills to benefit patients and/or the NHS.

I confirm I am a registered pharmacist with the GPhC/PSNI.

I confirm that the information provided in this application is correct to the best of my knowledge.

I declare that I am in good standing with the GPhC and/or PSNI and any other healthcare regulator which I am registered, and have no restrictions on my practice which may affect my appropriateness to undertake the programme.

APPLICANT NAME: _____

SIGNATURE: _____

DATE: _____

APPLICANT CHECKLIST – ALL SECTIONS MUST BE COMPLETED IN FULL

Have you:

- Completed all FIVE sections of the application form?
- Obtained the signature of:
 - Your organisational line manager if appropriate?
 - The Non-Medical Prescribing Lead for your organisation if appropriate?
 - Your DPP?
- Indicated how the programme will be funded and included a statement from your employer if invoicing is required?

Please submit your application via email to the following email address

MSOPPGTAdmin@greenwich.ac.uk

Any applications submitted via post will **not** be considered.

If you have any queries please contact our Administrative Team via email to MSOPPGTAdmin@greenwich.ac.uk

How did you hear about us?

PRIVACY NOTICE

Student Applicant Privacy Notice⁶

The Medway School of Pharmacy as part of both the University of Kent and the University of Greenwich is committed to protecting the privacy and security of your personal information.

In relation to your application to the School, we process the data that you provide to us via this application form and any additional documentation which you provide to us. We may also process information relating to your application which is provided to us by third parties at your behest.

The information which we process would typically include:

- Name, title, contact details, date of birth
- Application data, including your qualifications, your previous education, employment details and funding information
- Correspondence

We process personal data about you for the following reasons:

- To determine the suitability of your application for the programme / course
- To administer your application throughout the application and admissions process
- To create a record of your application
- To provide you with information relevant to becoming a University of Greenwich student
- To compile statistics about applicants to the School of Pharmacy.⁷
- Successful applicants will go on to make an application to the University of Greenwich which has its own student applicant privacy notice⁸

We rely on the following legal bases for processing the data: public task (core or key tasks of universities), a contract with you the individual (including steps before entering into a contract), and compliance with legal obligations.

Relevant Medway School of Pharmacy employees will have access to the application data on this form. We may also share data about you or your application, in some instances, with third parties. Examples of this include:

- If we need to ascertain the authenticity or accuracy of your application (e.g. from examining or awarding bodies, regulatory bodies, NHS organisations);
- Where you have given us consent to discuss your application with a third party on your behalf;
- Where we are required by law or otherwise authorised under Data Protection legislation to share data on your application with official agencies or regulatory bodies (e.g. UK Visas and Immigration and other bodies with statutory powers or authority, and investigating authorities including the police and local authorities);

Data for applicants who do not become fully registered students at the University of Greenwich will be held for two years after the end of the current academic year when the application was made. Exceptions will be where there is an over-riding requirement in law to keep certain data, or for public task reasons. Retention periods are based on our retention schedules, and you can request a copy of the relevant schedule. If you become a registered student, your data will be used to form the basis of your student record, at which point the Student Privacy Notice⁹ will apply.

You have rights as a Data Subject. You can see more information about those rights on the University of Greenwich website. Contact University of Greenwich's Data Protection Officer/University Secretary email: compliance@gre.ac.uk.

⁶ All NHSE applicants can read the HEE privacy notice here: <https://www.england.nhs.uk/privacy-policy/>

⁷ Anonymised to improve the programme as part of audit, or service evaluation or research.

⁸ University of Greenwich applicant privacy notice: https://docs.gre.ac.uk/_data/assets/pdf_file/0030/138567/Student-Applicant-Privacy-Notice.pdf

⁹ <https://docs.gre.ac.uk/rep/vco/student-privacy-notice>