**HEE South Funding Application Form –Advanced Clinical Practice (Pharmacists)**

**Privacy Notice**

**Who We Are**

This form has been created by the South regional pharmacy team at Health Education England (HEE). HEE is the data controller (contact details below). This means we decide how your personal data is processed and for what purposes.

**How do we process your personal data?**

HEE complies with its obligations under the GDPR by keeping personal data up to date; by storing and destroying it securely; by not collecting or retaining excessive amounts of data; by protecting personal data from loss, misuse, unauthorised access and disclosure and by ensuring that appropriate technical measures are in place to protect personal data.

The information which you provide is for the sole use of Health Education England and will not be shared with any external third parties.

The information that you supply will be stored safely in accordance with all the relevant information governance standards and HEE policies and procedures. It will be kept for no longer than six years, after which time it will be securely deleted in accordance with our governance procedures.

We use your personal data for the following purposes: -

* To enable us to contact you regarding your funding application, and regarding feedback on the programme.
* To ensure you are fully eligible to participate in the programme.
* To capture information necessary in order to pay course contribution to your employing organisation.
* To capture information necessary to ensure you are adequately supported by your Trust/employing organisation to participate in the programme.

We will not transfer your data abroad.

In order that we can provide the right services at the right level, we may share your personal data internally within services across HEE. This will be on a legitimate need to know basis only.

We may also share information, where necessary, to assist in the administration of justice, for the purposes of seeking legal advice or exercising or defending legal rights or as otherwise required by the law.

Where the data is used for analysis and publication by a recipient or third party, any publication will be on an anonymous basis, and will not make it possible to identify any individual. This will mean that the data ceases to become personal data.

**Your Rights**

1. The GDPR provides the following rights for individuals:
2. The right to be informed
3. The right of access
4. The right to rectification
5. The right to erasure
6. The right to restrict processing
7. The right to data portability
8. The right to object
9. Rights in relation to automated decision making and profiling.

To exercise all relevant rights, or for any queries, please in the first instance contact [pharmacy.south@hee.nhs.uk](mailto:pharmacy.south@hee.nhs.uk)

**Our Legal Basis for Processing**

You can obtain further information relating to HEEs legal basis for processing by viewing our privacy notice at <https://hee.nhs.uk/about/privacy-notice>

**Further processing**

If we wish to use your personal data for a new purpose, not covered by this Data Protection Notice, then we will provide you with a new notice explaining this new use prior to commencing the processing and setting out the relevant purposes and processing conditions. Where and whenever necessary, we will seek your prior consent to the new processing.

**Please sign below to confirm that you give permission for your data to be collected and stored as detailed in the Data Protection Notice and the HEE Privacy notice available at** [**https://hee.nhs.uk/about/privacy-notice**](https://hee.nhs.uk/about/privacy-notice)**.**

*NB: Electronic signatures are sufficient.*

**Signed:…………………………………………………………………..**

**Date:………………………………………………………………………**

**HEE South Funding Application form – Advanced Clinical Practice (Pharmacists)**

Health Education England South is offering £2000 of funding to support clinical pharmacists access advanced clinical practice training and to contribute towards clinical supervision costs. Successful applicants will each secure £2000 which will be paid to their employing organisation to contribute towards course fees and associated clinical supervision costs.

**1. Applicant details:**

|  |  |
| --- | --- |
| Full name: |  |
| Job title: |  |
| Work email address: |  |
| Contact number: |  |
| Employing organisation name: |  |
| Employing organisation address: |  |
| Which system your employing organisation belong to? (Highlight/delete as appropriate) | **South East:**  HIOW – Hampshire and Isle of Wight  BOB – Buckinghamshire, Oxfordshire and Berkshire  Frimley  **South West:**  BNSSG – Bristol, North Somerset and South Gloucestershire  BSW – Bath and North East Somerset, Swindon and Wiltshire  Gloucestershire  Somerset  Dorset  Devon  Cornwall |

**2. Line manager details:**

|  |  |  |
| --- | --- | --- |
| Full Name: |  | |
| Employing organisation: |  | |
| Please tick to confirm that you have gained consent from your line manager to share this information with HEE: | |  | |

**3. Course details:**

Please detail which university and course you have applied to/intend to apply to. Please ensure you have selected one of the courses listed in the information leaflet or an equivalent course, or a further module relating to advanced practice if you have already completed an advanced clinical assessment or equivalent module. Funding is only available for relevant programmes – please contact [Pharmacy.South@hee.nhs.uk](mailto:Pharmacy.South@hee.nhs.uk) if you would like to discuss this further.

Please state which type of funding you are applying to (tick/delete as appropriate):

|  |  |
| --- | --- |
| Advanced clinical assessment module |  |
| A further module in advanced practice – I have already completed the advanced clinical assessment module \* |  |

*\*If you are applying for funding towards a later module in the ACP pathway, please provide details of the advanced clinical assessment module you have already completed here:*

|  |  |
| --- | --- |
| *University:* |  |
| *Module title:* |  |
| *Date completed module:* |  |

Please provide details of the module you would like to apply for HEE funding to undertake:

|  |  |
| --- | --- |
| University: |  |
| Module title: |  |
| Module cost (£): |  |
| Module start date: |  |

**4. Clinical Supervisor details:**

|  |  |  |
| --- | --- | --- |
| Full Name: |  | |
| Place of work: |  | |
| Please tick to confirm that you have gained consent from your clinical supervisor to share this information with HEE: | |  | |

**5.** **Funding criteria:**

Please ensure you meet all of the criteria listed below before submitting your application form.

|  |  |
| --- | --- |
| Criteria | Yes / No |
| 1. I hold the Independent Prescriber qualification, or will complete by end February 2021. |  |
| 1. I have contacted my chosen university to begin the application process for my chosen course |  |
| 1. I have secured a Clinical Supervisor |  |
| 1. My Line Manager agrees to support me with my training |  |
| 1. I have identified the need for training and an enhanced role |  |

**6. Statement**

Please describe how the advanced clinical assessment training will support you in your current or future role and how it will help towards meeting service needs (maximum 200 words):

|  |
| --- |
|  |

1. **Signed:** ……………………………………………………..

**Date:** ………………………………………………………..

1. **Please complete the funding claim form:**



**Advanced Clinical Practice Training**

**Payment Claim Form**

|  |  |
| --- | --- |
| **DEPARTMENT NAME** | Pharmacy Workforce Development South |
| **Please Reimburse (Organisation Name)** |  |
| **Organisation address and postcode** |  |
| **Remittance advice (email address of finance contact)** |  |
| **The Sum of (amount in words)** | £2000 |
| **The Amount in figures** | Two thousand pounds only |
| **Purpose of Expenditure** | Advanced Clinical Practice Training for:  **[INSERT APPLICANT NAME]** |
| **Travel** | N/A |
| **Car Mileage** | N/A |
| **Bus Fares** | N/A |
| **Taxi Fares** | N/A |
| **Train Fares** | N/A |
| **Meal Allowances/miscellaneous (please state)** | N/A |
| **Please charge to cost centre and account code** | **106398 107509** |
| **Signature of Budget Holder (authorised signatory)** |  |
| **Name of Signatory (in capitals please)** | Ellen Williams |
| **Designation of signatory** | Director of Regional Pharmacy Training |
| **Hospital/Department** | Pharmacy Workforce Development South |
| **Contact telephone number of signatory** | 0117 342 6677 |
| **Date of claim** |  |

**Reimbursement will be made by made by BACS directly to your organisations bank account, so please complete the bank details box below**

|  |  |
| --- | --- |
| **Organisation Bank Account Name** |  |
| **Sort Code** |  |
| **Account Number** |  |
| **Building Society Roll No, if applicable** |  |

1. **Please submit completed forms to** [**Pharmacy.South@hee.nhs.uk**](mailto:Pharmacy.South@hee.nhs.uk)

The deadline for the submission of completed application forms is **Friday 19th February 2021.**

Please note: Approval of funding does not guarantee funding will be provided until evidence that a place has been secured on a course at a University is approved by HEE.