

Declaration from self-funding students

Applicant: you need to upload a signed copy of this form with your online application. If you need to write more, please continue overleaf.

N.B. students who are completing their workplace-based learning outside their usual employment but are being sponsored may also be required to complete this form.

| Criteria | | Applicant comments | |
|----------|---|--------------------|--|
| 1 | Study leave How you will manage your time to complete the required days of teaching and learning? | | |
| 2 | Learning in practice Are you completing your supervised learning in practice in your place of usual employment? <ul style="list-style-type: none"> • If yes, briefly describe your workplace set-up and how your employer has committed to supporting you • If no, briefly describe where your supervised learning in practice will take place including: <ul style="list-style-type: none"> ○ access to the necessary records/IT systems ○ access to patients for the programme¹ | | |
| 3 | Governance 1. Liability <ul style="list-style-type: none"> • Do you have appropriate indemnity insurance in place for your workplace-based learning as per your professional regulators' guidance? 2. Supervisors ² <ul style="list-style-type: none"> • Do your supervisors have approval from their employer to spend time with you in their contracted hours, if not how will this be managed? • Do your supervisors have approval from their employer to act within existing liability arrangements to undertake activities with you, if not what additional liability arrangements are in place? 3. Public safety <ul style="list-style-type: none"> • Will you have completed any mandatory occupational health checks at the start of the programme? • Will you have completed an induction, so you are aware of the workplace's policies and procedures, at the start of the programme? | | |
| 4 | Applicant's name | | |
| | Signature | Date | |
| 5 | Workplace based supervisor's name <i>(for prescribing this is the DPP/practice assessor)</i> | | |
| | Signature | Date | |
| 6 | <i>For nurse prescribing applications only:</i> Practice supervisor's name | | |
| | Signature | Date | |

¹ For prescribing programmes this is the minimum required hours of supervised learning in practice, including the opportunity to lead your own consultations under supervision.

² For the prescribing programme this applies to the designated prescribing practitioner(s), DPP, (also known as the practice educator for AHP applicants or the practice supervisor and practice assessor for nurse applicants). For other modules this is the named educational supervisor, workplace-based supervisor and/or project supervisor. For more information see application instructions on our website or contact cippet@reading.ac.uk.

Continuation page

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