# Appendix 2: Option 2 – Cross sector Partnerships Application Template

|  |  |  |
| --- | --- | --- |
| **EoI Question** | **Response** | |
| What type of bid are you submitting? | Cross sector / System wide / Community pharmacy | |
| Number of trainees |  | |
| Would you accept funding contributions for less trainees? | Yes / No | |
| Employing organisation |  | |
| Name of employing organisation |  | |
| Address |  | |
| Contact’s forename |  | |
| Contact’s surname |  | |
| Contact’s email |  | |
| Contact’s telephone |  | |
| Partner 1 |  | |
| Name of organisation for partner 1 |  | |
| Address |  | |
| Contact’s forename |  | |
| Contact’s surname |  | |
| Contact’s email |  | |
| Contact’s telephone |  | |
| Partner 2 |  | |
| Name of organisation for partner 2 |  | |
| Address |  | |
| Contact’s forename |  | |
| Contact’s surname |  | |
| Contact’s email |  | |
| Contact’s telephone |  | |
| Partner 3 |  | |
| Name of organisation for partner 3 |  | |
| Address |  | |
| Contact’s forename |  | |
| Contact’s surname |  | |
| Contact’s email |  | |
| Contact’s telephone |  | |
| Demonstration of minimum criteria |  | |
| Does your partnership include a community and/or hospital pharmacy partnership? | Yes / No | |
| Do you agree to pay the trainee at NHS agenda for change annex 21, Band 4 (or equivalent for non-NHS organisations)? | 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 / Other | |
| Will the trainee be released for 1 day a week to attend college/complete knowledge learning? | Yes / No | |
| Will the trainee be given dedicated time to complete assessments in addition to 1 day per week to attend college/complete lessons? | Yes / No  If so, how many hours per week? | |
| 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 | |
| Can you confirm you have educational supervision capacity identified for 24-month period (max of 2 trainees per educational supervision) | Yes / No | |
| Are the educational supervisors registered pharmacists or pharmacy technicians with a minimum of 24 months post qualification experience? (The name of this individual must be provided when the trainee starts). | Yes / No | |
| Can you confirm you have practice supervision capacity identified for 24-month period for **each placement**? (The lead contact details must be provided when the trainee starts). | 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 proposed placement model | (Maximum of 500 characters) | |
| List the different sectors the trainee will be placed in | Typo secondary care | |
| Supporting Information |  |  |
| List the competencies you anticipate the trainee will undertake in the employing organisation | **Please bullet point**  (Maximum of 750 characters) | |
| List the competencies you anticipate the trainee will undertake with each partner | **Please bullet point**  (Maximum of 750 characters) | |
| Provide a brief overview of the planned educational infrastructure including details of relevant education and training experience across the partnership and additional information that may support learning experiences for the trainee/s. | (Maximum of 1500 characters) | |