

## Application Form

### Independent and Supplementary Prescribing

#### Nurses, Midwives and SCPHN

**Standard programme (8 months):** PG Certificate Independent Prescribing –Level 7 (60 credits)

**Level 6 (8 months):** Short course programme in Independent and Supplementary Prescribing –Level 6 (45 credits)

**40 Credit Level 7 Module (8 months):** as part of MSc in Advanced Clinical Practice with University of Greenwich Faculty of Education and Health OR PG Diploma Community Specialist Practice District Nursing\*

**The closing dates for applications for 2025/26 academic year are:**

<b>February Cohort</b>	Standard programme – 8 months	21 November 2025
<b>April Cohort</b>	Standard programme – 8 months	16 January 2026
<b>May Cohort</b>	Standard programme – 8 months	20 February 2026

**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.

- Where appropriate, discuss your intention to undertake the programme with your organisation Non-Medical Prescribing (NMP) lead prior to completing the application (non-medical prescribing has to be appropriate for your role and the service).
- In accordance with the NMC standards for student supervision and assessment, there should be a nominated person to actively support you and address concerns. Please discuss this with your manager/NMP Lead.
- Where appropriate, ensure that you will have agreed access to an NHS prescribing budget on qualification.
- Ensure that you fit the academic and clinical entry criteria. Please note that priority for the 8-month programme will be given to those with a clearly defined scope of practice.
- 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.
- Ensure agreement from a Practice Supervisor (PS)
- 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 Course Structure.  
[https://msp.ac.uk/postgraduate/?course\\_id=740&course\\_level=postgraduate](https://msp.ac.uk/postgraduate/?course_id=740&course_level=postgraduate)
- Ensure that you are not away from the period of learning for more than two consecutive weeks. Please check this information from the [NMC](#) on competencies and standards.
- \*There is a separate process for applicants on the PG Diploma Community Specialist Practice District Nursing Pathway. Please contact us for more information.

### 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 support/access to a prescribing budget
- Section 3: Declaration of support from a Practice Supervisor (PS)
- Section 4: Funding statement.
- Section 5: Personal intention form.

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

If you would like to discuss any aspect of the application process, please email [MSOPPGTAdmin@greenwich.ac.uk](mailto:MSOPPGTAdmin@greenwich.ac.uk)

### **The form**

- Download the form and save to your computer before using the fillable sections.
- The pages that require signatures will need to be printed out and signed manually.
- Ensure the application form is signed by applicant, manager, NMP Lead and PS.
- The statement of funding must be completed.

### **Further considerations**

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#### **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. 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.
3. If you are self-employed / non-NHS you need to show as part of your application how you will fit the programme of study into your current practice and how you will practically prescribe once qualified. We do not generally accept students who wish to use the prescribing programme as an addition to their career or in preparation for application for a job in the future. There needs to be an identified current need for your prescribing. You need to show how you will implement it and in particular how the prescribing you undertake will be funded. If you are planning to prescribe from an NHS budget, you need to include the signature of the budget holder indicating that you have permission to prescribe from that budget once qualified. You will need to provide assurance if you are a self-employed nurse or non-NHS employed registrant, that you have the necessary governance including clinical support and access to protected time.

**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

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### A. PERSONAL DETAILS

Title DOB:

FIRST NAME:

LAST NAME:

PREFERRED PRONOUNS:

CURRENT JOB TITLE:

NMC PIN Number:

NAME OF EMPLOYING ORGANISATION/TRUST:

FULL WORK ADDRESS:

POSTCODE:

WORK TEL:

HOME ADDRESS:

POSTCODE:

HOME TELEPHONE NUMBER:

MOBILE TELEPHONE NUMBER:

APPLICANT EMAIL ADDRESS:

Which clinical/practice areas are you currently working in? For which group of patients will you prescribe?  
Please state disease/therapeutic area:

What specific unmet needs have you identified for these patients that you feel would be met by your ability to prescribe?

What setting? (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 Clinical Practice/PG Diploma Community Specialist Practice District Nursing 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:

## **B. STUDY PATHWAY**

**Please select from the following:**

## **C. START DATE**

**Please select from the following:**

**Please note if you are applying for a 40 credit module as part of the PG Diploma in District Nursing or MSc in Advanced Clinical Practice you can only apply for a September start.**

#### D. QUALIFICATIONS:

The level 7 60 credit programme leads to the attainment of a Postgraduate Certificate. Students must provide evidence of having studied at or above level 6. Nurses, midwives and SCPHN who wish to study at level 6 will be required to provide evidence of studying at level 5.

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

Qualification	Date Obtained

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

*(You will be asked to submit copies of your certificates for registration)*

Name of Course/Module	Academic Level	Date obtained	Awarding Body

## E. 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. Please indicate the length of time you have been working in this area, and the number of hours per week that you work.

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 the skills you will bring to the role including relevant clinical/health assessment, diagnostics/care management and planning and evaluation of care, in your intended area of prescribing practice (Maximum 300 words).

Detail identified support networks accessible to you whilst undertaking the programme, including confirmation that you will have appropriate supervised practice in the clinical area in which you are expected to prescribe (Maximum 200 words).

Explain why you have chosen your Practice Supervisor detailed on page 10 (Maximum 50 words)

**Reflective Personal Statement – Student Name:**

**Academic References using either Harvard or Vancouver – i.e. supportive literature cited in your Personal Statement<sup>1</sup>**

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<sup>1</sup> 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

STUDENT NAME: .....

### TO BE COMPLETED BY MANAGER OF EMPLOYING ORGANISATION<sup>2</sup>

Please indicate yes or no on all the following statements to confirm:

The applicant is an employee with a minimum of one years' post-registration clinical experience (or part-time equivalent) in the UK which will give them experience in the clinical area in which they intend to prescribe

The applicant will be given **9 study days** to attend the university programme, **12 days' supervised practice** overseen by their Practice Supervisor and **the equivalent of between 12 and 17 days of individual study time** to enable the distance learning requirements of the Medway School of Pharmacy programme.

The **applicant** is competent to take a history, undertake clinical health assessment, diagnose, plan and evaluate care, in their area of practice.

There is clinical need for the applicant to prescribe within their current role.

The applicant demonstrates appropriate numeracy skills. **We strongly recommend that all students undertake a numeracy assessment before attending the programme.**

The applicant will be supported with appropriate Continuing Professional Development once they are qualified including access to appropriate supervised practice in the clinical area in which they are expected to prescribe

The suitability of this application has been discussed with the NMP lead for the organisation.

The applicant has access to a computer and the internet.

Please confirm that a discussion has taken place between yourself and the applicant regarding exactly how much study time the applicant will be granted. The University **recommend** students are given up to **17 days (or equivalent hours) of additional study time not including the Study Days** to enable the distance learning elements of the Prescribing Programme to be met.

Please state the expected additional study time agreed with the applicant:

\_\_\_\_\_ **days** OR \_\_\_\_\_ **hours**

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



## AGREEMENTS

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**I agree that the information on page 8 (DECLARATION OF SUPPORT) is accurate and that I support the applicant for this programme of study (to be completed by manager)<sup>3</sup>.**

NAME OF MANAGER:

MANAGER'S JOB TITLE:

ORGANISATION:

EMAIL ADDRESS:

TELEPHONE:

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**I agree that the information above (DECLARATION OF SUPPORT / ACCESS TO PRESCRIBING BUDGET) is accurate, that this application is appropriate for patient services, and that this practitioner will have access to the prescribing budget associated with the role identified (to be completed by NMP Lead or other budget holder who should also complete section 4). You may leave this blank if the prescribing service you will be offering will not use an NHS budget<sup>4</sup>.**

NAME OF NMP LEAD:

EMAIL ADDRESS:

TELEPHONE:

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**Confirmatory statement (to be signed by manager or NMP lead)<sup>3</sup>**

**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:

TELEPHONE:

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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

<sup>4</sup>This is not confirmation of sponsorship for programme fees

### SECTION 3: DECLARATION OF SUPPORT FROM A REGISTERED PRESCRIBING PRACTICE SUPERVISOR (PS)<sup>5</sup>

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FULL NAME OF PS:

CONTACT ADDRESS:

POSTCODE:

EMAIL ADDRESS:

TELEPHONE:

QUALIFICATIONS:

GMC/NMC/HCPC/GPhC REGISTRATION NUMBER:

Please supply the following information to ensure the NMC criteria are met

STUDENT NAME:

Are you a registered prescriber who:

**1.** Has had at least three years' prescribing registration, knowledge, experience and responsibility for a group of patients/clients in the scope of practice for which the applicant will prescribe?

**2. And** are you trained and/or experienced in supporting and supervising students, providing feedback on their progress towards, and achievement of, proficiencies and skills?

**OR:** A specialist registrar, clinical assistant or a consultant within an NHS Trust or other NHS employer?

**3. And** have you: The support of your employing organisation to act as the Practice Supervisor to provide supervision, support and opportunities to develop competence in prescribing practice?

Please briefly outline your experience of teaching, supervision and assessment of students.

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

SIGNATURE<sup>6</sup>: \_\_\_\_\_

DATE: \_\_\_\_\_

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<sup>5</sup> In order to assure professional impartiality the Practice Supervisor must NOT be related to the applicant or have any personal connection.

<sup>6</sup>We **cannot** accept E-signatures for your PS! You must print this page have it signed and return to us as a scan.

**NB: the PS must disclose if they are currently under investigation by their professional regulator, or have been referred to a fitness to practice panel hearing.**

The student will be assigned to a named Practice Assessor (PA) and a named Academic Assessor (AA).

It is not envisaged that there will be an exceptional circumstance, where the same person will fulfil the role of practice supervisor and practice assessor. In such instances and in accordance with NMC Standards for student supervision and assessment, the student, PS/PA and University will need to evidence why it was necessary for the PS and PA roles to be carried out by the same person.

## SECTION 4: FUNDING STATEMENT

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

**Complete one of the four options listed:**

Please ensure your name is filled in.

**STUDENT NAME:** \_\_\_\_\_

### **Option 1. STUDENTS BEING FUNDED BY EMPLOYERS (NHS / NON-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. Funding has been charged by the University of Greenwich Faculty of Education and Health as part of the MSc Advanced Clinical Practice**

MSc Programme Lead:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### **Option 3. 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: \_\_\_\_\_

## SECTION 5: PERSONAL INTENTION FORM

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**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 that I am working at an advanced practitioner level. I am competent to take a patient history, undertake a clinical assessment and diagnose in my area of practice.

STUDENT 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 Practice Educator?
- 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 [MSOPPGTAdmin@greenwich.ac.uk](mailto:MSOPPGTAdmin@greenwich.ac.uk)**

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

If you have any queries please contact our Postgraduate Administration Team on the email above.

**How did you hear about us?**

Word of mouth

Paper flyer

Social media

Website

Workplace

## PRIVACY NOTICE

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### Student Applicant Privacy Notice

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 within the School of Pharmacy<sup>7</sup>.
- Successful applicants will go on to make an application to the University of Greenwich which has its own student applicant privacy notice<sup>8</sup>

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 overriding 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 Notice<sup>9</sup> 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](mailto:compliance@gre.ac.uk).

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

<sup>8</sup> University of Greenwich applicant privacy notice: [https://docs.gre.ac.uk/\\_data/assets/pdf\\_file/0030/138567/Student-Applicant-Privacy-Notice.pdf](https://docs.gre.ac.uk/_data/assets/pdf_file/0030/138567/Student-Applicant-Privacy-Notice.pdf)

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