

Application for Approval as an Intern Training Site

Please complete and return to the Pharmaceutical Society, attention Annette Straugheir (contact details at bottom of page).

All information provided will be kept strictly confidential and will only be used for the purpose of approving Intern Training sites and preceptors.

Date of Application: _____

Name & Address of Site: _____

Date of most recent Pharmacy Quality Audit sign off: _____

Name of pharmacist who will act as preceptor: _____

Name(s) of other pharmacists employed in the site: _____

Please indicate whether employment is full-time (FT) (more than 35 hours per week) or part-time (PT) (less than 35 hours per week).

Name(s) of pharmacy technicians employed in the pharmacy:

(a) in dispensing work: _____

(b) as retail assistants: _____

Name(s) of other personnel employed in the pharmacy: _____

Please provide numbers and roles – e.g. 2 x pharmacy assistants.

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Resources available for the Intern

Please indicate which of the following texts are held in the pharmacy and, where appropriate, what edition.

- Martindale: The Extra Pharmacopoeia _____ edition
- British National Formulary _____ edition
- MIMS Catalogue _____ edition
- New Ethicals Compendium _____ edition
- A Medical Dictionary e.g. Dorlands/Websters/other _____ edition
- Pharmacology and Therapeutics Text _____ edition
- Drug Interactions Text _____ edition
- Pharmacy Journals _____ edition
- Any CD-Rom or on-line databases: _____

Please indicate the average number of prescriptions dispensed weekly: _____

Services Provided by your Pharmacy

- Residential Care
- Private Hospital
- Unit Dose Dispensing
- Domiciliary Visits
- Dispensing Only
- Health Promotions (please specify): _____

- Other Specialised Services (please specify): _____

- Comprehensive Pharmaceutical Care
- Pharmaceutical Review Services
- Self Care
- Home Healthcare Services
- Complimentary Therapies

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Training Programmes provided for Staff

Please indicate those in which the intern will be involved

External Training Courses: _____

In-house Staff Training:

What: _____

How much: _____

How often: _____

By whom: _____

Interaction with other Health Professionals

How will you ensure your intern will have regular interaction with other health professionals?

Formal team meetings:

Who with? _____

How often? _____

Other (please specify):

