



## Enrolment form: Wessex Pharmacies

### RSPH Level 2 Award in Understanding Health Improvement: Health Champion distance learning

Please complete all elements of the form below, in capitals and return to us as below.

Pharmacy						
Pharmacy name						
Pharmacy address and postcode						
Pharmacy tel. number						
Pharmacy email						
Developing Health Champion						
Full name and details	First name		Surname			
	Mr/Miss/Ms/Mrs		Date of Birth:			
	Gender:		Male/Female			
Email of student						
Ethnicity						
Disability	Disability?		Registered Disabled?		Support required?	
	Yes	No	Yes	No	Yes	No

I wish to enrol the above person on the Pharmacy Complete Understanding Health Improvement Level 2 Award distance-learning course and understand that they must complete their workbook before undertaking an in-pharmacy assessment under exam conditions and under constant supervision of a registered healthcare professional. I understand that the invigilator will be required to undertake a short training module to understand their role in this OFQUAL regulated qualification. If the learner has to retake the assessment because of failure to meet the pass mark or invalidation then there will be a charge of £36.00 + VAT payable by the contractor.

Signature	
Pharmacist / Pharmacy Technician's name	
GPhC number	
Date	

A copy of this document should be sent to Pharmacy Complete:

- Scan and email: [connect@pharmacycomplete.org](mailto:connect@pharmacycomplete.org)
- Fax: 01962 670159
- Post: Southgate Chambers, 37-39 Southgate Street, Winchester SO23 9EH

Ensure you sign the Data Protection consent on the next page before returning.



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### Data Protection consent:

Please note we would like to support your team member directly and will contact them regularly by email and possibly phone to encourage their learning.

Under UK and European Data Protection legislation, data from which living individuals can be identified are classed as 'personal data'. The handling of personal data must comply with legal requirements covering such things as the way in which this information is acquired, how it is processed and the extent to which it is disclosed or transferred to others.

Pharmacy Complete needs to store data about you and your course progress.

The data you provide on this form will be used by Pharmacy Complete for administrative and statistical purposes. By submitting your personal data, you are giving your consent for it to be used for these purposes. It will be used in accordance with the relevant legislation, including the General Data Protection Regulations 2018. If you have any questions about the use of the data collected here or other personal information, please contact Pharmacy Complete on 01962 828710.

Please fill in this form and return it to Pharmacy Complete to consent to us storing your data electronically.

I hereby give my consent to the storage of personal information about me and my course progress. I understand that this information may remain available and in storage after I have finished my training.

<b>Name of candidate</b>	
<b>Signature of candidate</b>	
<b>Date</b>	

Thank you and we hope you enjoy your learning. Do contact one of us at the Centre if you need any further assistance.