

## Appendix 1: Option 1 Community Pharmacy Single Sector 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
<b>Employing organisation</b>	
Name of employing organisation	
Address	
Contact's forename	
Contact's surname	
Contact's email	
Contact's telephone	
Is your organisation on Oriel?	Yes / No
<b>Demonstration of minimum criteria</b>	
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
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?	Yes / No

Supporting Information	
Give an overview of the training programme including competencies the PTPT will complete over the 24-month training period.	<b>Please bullet point</b> (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)

## 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
<b>Employing organisation</b>	
Name of employing organisation	
Address	
Contact's forename	
Contact's surname	
Contact's email	
Contact's telephone	
<b>Partner 1</b>	
Name of organisation for partner 1	
Address	
Contact's forename	
Contact's surname	
Contact's email	
Contact's telephone	
<b>Partner 2</b>	
Name of organisation for partner 2	
Address	
Contact's forename	
Contact's surname	
Contact's email	
Contact's telephone	
<b>Partner 3</b>	
Name of organisation for partner 3	
Address	
Contact's forename	
Contact's surname	
Contact's email	
Contact's telephone	
<b>Demonstration of minimum criteria</b>	
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	Yes / No

contribution (e.g. on costs, including pension, salary etc)?	
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 <b>each placement</b> ? (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
<b>Supporting Information</b>	
List the competencies you anticipate the trainee will undertake in the employing organisation	<b>Please bullet point</b> (Maximum of 750 characters)
List the competencies you anticipate the trainee will undertake with each partner	<b>Please bullet point</b> (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)

## Appendix 2: Option 2 – System-wide 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
<b>System representative details</b>	
System organisation	
Address	
Contact's forename	
Contact's surname	
Contact's email	
Contact's telephone	
<b>System representative details</b>	
Who is employing the PTPT?	<ul style="list-style-type: none"> <li>• System representative e.g. ICS/PCN</li> <li>• One of the placement organisations from each partnership</li> <li>• Other – please provide details</li> </ul>
Please list the names of the organisations in your system bid. <ul style="list-style-type: none"> <li>• For cross sector bids include details of the employer and their partners.</li> <li>• For community pharmacy bids include all pharmacy sites.</li> </ul>	
<b>Demonstration of minimum criteria</b>	
Do all programmes include a placement with either community and/or hospital pharmacy?	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
<b>Supporting Information</b>	
List the competencies you anticipate the trainee will undertake. For cross sector list for each partnership.	<b>Please bullet point</b> (Maximum of 1500 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)

## Appendix 4 – Evaluation Criteria

### Evaluation criteria for community pharmacy single sector bids

Criteria with a Pass/Fail weighting must achieve a pass to be considered. Any criteria receiving a No response is a Fail which will result in that application being rejected.

There are four criteria that will be used to identify the strength of the applications to provide a comparative score. See table below for weighting for these questions.

Evaluation Criteria	Weighting
Does your partnership include a community and/or hospital pharmacy partnership?	Pass / Fail
Do you agree to pay the trainee at NHS agenda for change annex 21, Band 4 (or equivalent for non-NHS organisations)?	10%
Can you support payment of additional costs not covered by the training contribution (e.g. on costs, including pension, salary etc)?	Pass / Fail
Will the trainee be released for 1 day a week to attend college/complete knowledge learning?	Pass / Fail
Will the trainee be given dedicated time to complete assessments in addition to 1 day per week to attend college/complete lessons?	10%
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?	Pass / Fail
Can you confirm you have educational supervision capacity identified for 24-month period (max of 2 trainees per educational supervision)	Pass / Fail
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).	Pass / Fail
Can you confirm you have practice supervision capacity identified for 24-month period?	Pass / Fail
Anticipated competencies meet requirements of GPhC IET standards for pharmacy technicians	40%
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.	40%

Yes = Pass / No = Fail



## Evaluation criteria for cross sector partnership and system-wide bids

Criteria with a Pass/Fail weighting must achieve a pass to be considered. Any criteria receiving a No response is a Fail which will result in that application being rejected.

There are four criteria that will be used to identify the strength of the applications to provide a comparative score. See table below for weighting for these questions.

Evaluation Criteria	Weighting
Does your partnership include a community and/or hospital pharmacy partnership?	Pass / Fail
Do you agree to pay the trainee at NHS agenda for change annex 21, Band 4 (or equivalent for non-NHS organisations)?	5%
Can you support payment of additional costs not covered by the training contribution (e.g. on costs, including pension, salary etc)?	Pass / Fail
Will the trainee be released for 1 day a week to attend college/complete knowledge learning?	Pass / Fail
Will the trainee be given dedicated time to complete assessments in addition to 1 day per week to attend college/complete lessons?	5%
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?	Pass / Fail
Can you confirm you have educational supervision capacity identified for 24-month period (max of 2 trainees per educational supervision)	Pass / Fail
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).	Pass / Fail
Can you confirm you have practice supervision capacity identified for 24-month period for <b>each placement</b> ? (The lead contact details must be provided when the trainee starts).	Pass / Fail
Does each placement have a registered pharmacy professional within their organisation?	10%
Proposed placement model and brief	20%
Anticipated competencies meet requirements of GPhC IET standards for pharmacy technicians	30%
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.	30%

Yes = Pass / No = Fail