

NPA Level 3 Diploma (NVQ) (QCF) in Pharmacy Service Skills

Master Forms

This pack contains a template copy of all the forms you will need when building your portfolio. You can also access electronic copies of the forms on the member's section of the NPA website, under resources.

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Note:

Please note the format of the template forms must not be altered; this is especially important when using the Activity Report forms as the witness and candidate signature and date must be present on all pages.

PORTFOLIO SUBMISSION FORM

You must complete this form and submit it each time you send your work for assessment. Please put this form at the top.

STUDENT NAME.....

STUDENT NUMBER.....

Please indicate which Unit/s you are submitting

UNIT/S NUMBER SUBMITTED.....

RESUB UNIT/S NUMBER SUBMITTED.....

PORTFOLIO CHECK LIST

Please ensure that you have included the following paperwork

- PERSONAL PROFILE FORM
- SUMMARY OF STUDENT'S ACHIEVEMENTS
- UNIT VERIFICATION FORM
- EVIDENCE INDEX SHEETS
- ACTIVITY REPORTS WITH EVIDENCE
- WITNESS INFORMATION LIST
- A COPY OF YOUR EXPERT WITNESS' CERTIFICATE
- MALPRACTICE AND
PLAGIARISM DECLARATION

Malpractice and Plagiarism Declaration
NPA Level 3 Diploma (NVQ) (QCF) in Pharmacy Service Skills

Unit Number: _____ Unit Title: _____

Candidate Declaration

I confirm I have read and understood the NPA Malpractice and Plagiarism Policy. I confirm that the attached portfolio does not breach this policy and that:

- All attached work is a true reflection of the activities undertaken by myself
- All supporting documentation is authentic and relevant to the activities I have undertaken; no supporting documentation has been forged or altered in any way
- All work is my own and has been completed individually
- No aspects of the attached portfolio have been copied from another student or source and no collusion has taken place.

Candidate Name: _____ NPA Student Number: _____

Candidate Signature: _____ Date: _____

Supervising Pharmacist Declaration

I confirm I have read and understood the NPA Malpractice and Plagiarism Policy. I have reviewed my candidate's attached portfolio and can confirm that it does not breach this policy and that:

- I have witnessed the activity reports signed by myself and the accounts are a true reflection of the activity undertaken by my candidate
- I have reviewed the candidate's supporting documentation and can confirm it is authentic and relevant to the activities the candidate has undertaken; no supporting documentation has been forged or altered in any way
- All work is the candidate's own and has been completed individually
- No aspects of the attached portfolio have been copied from another student or source and no collusion has taken place.

Supervising Pharmacist Name: _____ GPhC Number: _____

Supervising Pharmacist Signature: _____ Date: _____

PERSONAL PROFILE FORM

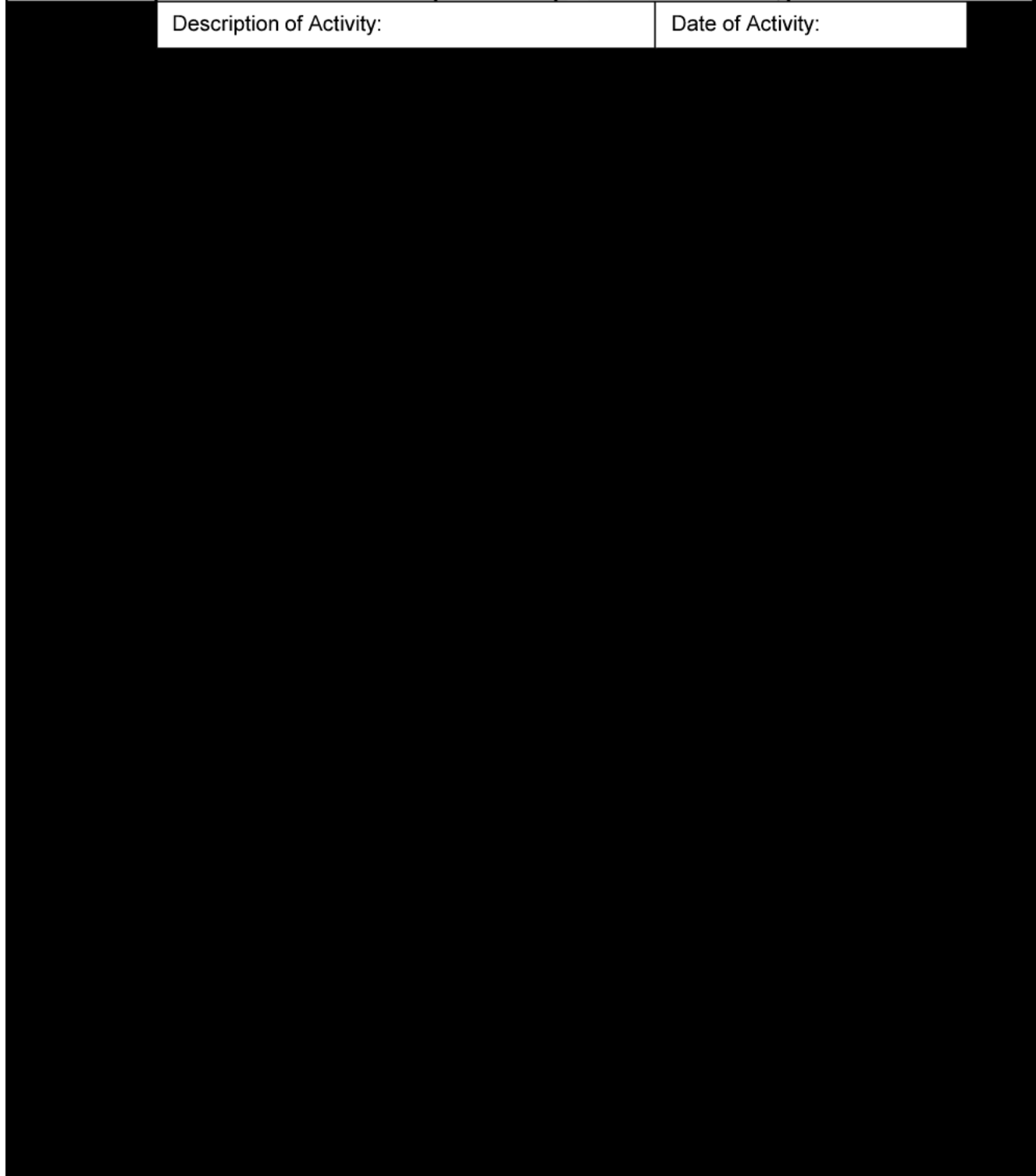
Name of Candidate:	Student No:
Candidate Address:	Email address:
Pharmacy Address: (including postcode)	NPA / Account Number:
Pharmacy Telephone Number:	
Summary of Qualifications:	
Courses Attended (dates):	
Brief Employment History:	
Personal Interests:	
Current Job Description – with Key Responsibilities and Key Tasks:	

Summary of Student's Achievements

PHARMACY SERVICES LEVEL 3

Student Name:			Student Number:			Start Date:		
Unit	Title	Date Achieved	Candidate Signature	Assessor Signature			IV Signature	SV Signature
				Unit	Obs.	P.D		
1	Ensure Your own actions reduce risks to Health and Safety							
2	Provide an effective and responsive pharmacy service							
3	Process pharmaceutical Queries							
4	Reflect on and develop your practice							
5	Receive prescriptions from individuals							
6	Confirm prescription validity							
7	Assemble prescribed items							
8	Issue prescribed items							
9	Prepare extemporaneous medicine for individual use							

Evidence Ref	<h1>Activity Log</h1>	Page _____ of _____	Type of Evidence Professional Discussion <input type="checkbox"/> Professional Discussion <input type="checkbox"/> Witness Testimony <input type="checkbox"/> Exp Witness Observation <input type="checkbox"/> Simulation <input type="checkbox"/> Oral/Written Questions	Pharmacy stamp _____ _____ _____
		Description of Activity:	Date of Activity:	



WITNESS INFORMATION LIST

I the undersigned have read the supervisor's guide and understand the process. I have witnessed the candidate in action and have signed the witness testimonies to verify this.

Name	Job Title & Work Telephone No.	Signature	Involvement with Candidate	Expert Witness Y/N

COPY OF PRESCRIPTION

SURNAME			
Mr/Ms/Miss/Ms			
Age if under 12 years		INITIALS AND ONE FULL FORENAME	
.....		
YES		NO	
Address			
Pharmacy Stamp			
Pharmacist's name & quantity endorsement	No. of days treatment N.B. Ensure dose is stated	NP	Pricing Office use only
Signature of Doctor		Date	
For alteration No. of Persons on form			
<input type="checkbox"/>			
IMPORTANT: Read notes overleaf before going to the pharmacy.			Form FP10 (Rev. 03)

I declare that this is a true copy of the prescription and this prescription has not been used by any other students:

Candidate Signature: _____

Pharmacist/Expert Witness Name: _____ Date: _____

Pharmacist/Expert Witness signature: _____ Date: _____

GPhC No.: _____

Unit 1 Evidence Index: Ensure your own actions reduce risk to health & safety

Evidence Ref & Description	Evidence Type*	Learning Outcome 1				Learning Outcome 2		Learning Outcome 3					
		1.1	1.2	1.3	1.4	2.1	2.2	3.1	3.2	3.3	3.4	3.5	
Number of assessment criteria claimed	Your quantity Minimum no.	2	2	2	1	2	2	2	2	2	2	2	2

* Evidence Type WT=Witness Testimony O=Observation PD=Professional Discussion Q=Questioning S=Simulation

Candidate Signature: _____ Date: _____

Internal Verifier Name: _____

Assessor Signature: _____ Date: _____

IV Signature and Date: _____

Unit 2 Evidence Index: Provide an effective and responsive pharmacy service

Evidence Ref & Description	Evidence Type *	Learning Outcome 1				Learning Outcome 2			Learning Outcome 3				Learning Outcome 4					Learning Outcome 5				Learning Outcome 6							
		1.1	1.2	1.3	1.4	2.1	2.2	2.3	3.1	3.2	3.2	3.4	4.1	4.2	4.3	4.4	4.5	5.1	5.2	5.3	5.4	6.1	6.2	6.3	6.4				
																											</		

Unit 3 Evidence Index: Process Pharmaceutical Queries

Evidence Ref & Description	Evidence Type *	Learning Outcome 1							Learning Outcome 2					Learning Outcome 3				Learning Outcome 4		Learning Outcome 5				
		1.1	1.2	1.3	1.4	1.5	1.6	1.7	2.1	2.2	2.3	2.4	2.5	3.1	3.2	3.3	3.4	4.1	4.2	5.1	5.2	5.3		
Number of assessment criteria claimed	Your quantity Minimum no.	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	1	1	2	2	2		

* Evidence Type WT=Witness Testimony O=Observation PD=Professional Discussion Q=Questioning S=Simulation

Candidate Signature: _____ Date: _____ Internal Verifier Name: _____

Assessor Signature: _____ Date: _____ IV Signature and Date: _____

Unit 5 Evidence Index: Receive prescriptions from individuals

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Evidence Ref & Description	Evidence Type *	Learning Outcome 1							Learning Outcome 2		Learning Outcome 3				Learning Outcome 4			Learning Outcome 5		
		1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8	2.1	2.2	3.1	3.2	3.3	3.4	3.5	4.1	4.2	4.3	5.1
Number of assessment criteria claimed	Your quantity	2	2	2	2	2	1	2	2	2	2	2	2	2	2	2	2	2	2	1
	Minimum no	2	2	2	2	2	1	2	2	2	2	2	2	2	2	2	2	2	2	1

* Evidence Type WT=Witness Testimony O=Observation PD=Professional Discussion Q=Questioning S=Simulation

Candidate Signature: [Redacted] Date: [Redacted]
 Assessor Signature: [Redacted] Date: [Redacted]

Internal Verifier Name: [Redacted]
 IV Signature and Date: [Redacted]

Unit 7 Evidence Index: Assemble prescribed items

Evidence Ref & Description	Evidence Type *	Learning Outcome 1							Learning Outcome 2							Learning Outcome 3				Learning Outcome 4		
		1.1	1.2	1.3	1.4	1.5	1.6	1.7	2.1	2.2	2.3	2.4	2.5	2.6	2.7	3.1	3.2	3.3	3.4	4.1	4.2	
Number of assessment criteria claimed	Your quantity Minimum no.	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	1	1	2	2

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* Evidence Type WT=Witness Testimony O=Observation PD=Professional Discussion Q=Questioning S=Simulation

Candidate Signature: Date: Internal Verifier Name:

Assessor Signature: Date: IV Signature and Date:

Unit 9 Evidence Index: Prepare extemporaneous medicines for individual use

Evidence Ref & Description	Evidence Type *	Learning Outcome 1			Learning Outcome 2				Learning Outcome 3					Learning Outcome 4			
		1.1	1.2	1.3	2.1	2.2	2.3	2.4	3.1	3.2	3.3	3.4	3.5	4.1	4.2	4.3	4.4
Number of assessment criteria claimed	Your quantity Minimum no.	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	1

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* Evidence Type WT=Witness Testimony O=Observation PD=Professional Discussion Q=Questioning S=Simulation

Candidate Signature: _____ Date: _____ Internal Verifier Name: _____
 Assessor Signature: _____ Date: _____ IV Signature and Date: _____

Unit 10 Evidence Index: Order pharmaceutical stock

Evidence Ref & Description	Evidence Type *	Learning Outcome 1				Learning Outcome 2		Learning Outcome 3			Learning Outcome 4			Learning Outcome 5			Learning Outcome 6	
		1.1	1.2	1.3	1.4	2.1	2.2	3.1	3.2	3.3	4.1	4.2	4.3	5.1	5.2	5.3	6.1	6.2
Number of assessment criteria claimed	Your quantity Minimum no.	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
		2	2	2	2	2	2	2	2	2	2	2	2	2	1	2	1	2

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* Evidence Type WT=Witness Testimony O=Observation PD=Professional Discussion Q=Questioning S=Simulation

Candidate Signature: _____ Date: _____

Internal Verifier Name: _____

Assessor Signature: _____ Date: _____

IV Signature and Date: _____

Unit 12 Evidence Index: Maintain pharmaceutical stock

Evidence Ref & Description	Evidence Type *	Learning Outcome 1		Learning Outcome 2					Learning Outcome 3					Learning Outcome 4			Learning Outcome 5		
		1.1	1.2	2.1	2.2	2.3	2.4	2.5	3.1	3.2	3.3	3.4	3.5	4.1	4.2	4.3	5.1	5.2	5.3
Number of assessment criteria claimed	Your quantity Minimum no.	2	2	2	2	2	2	1	2	2	2	1	1	1	2	1	2	2	1

* Evidence Type WT=Witness Testimony O=Observation PD=Professional Discussion Q=Questioning S=Simulation

Candidate Signature: Date: Internal Verifier Name:
 Assessor Signature: Date: IV Signature and Date:

Unit 13 Evidence Index: Issue pharmaceutical stock

Evidence Ref & Description	Evidence Type *	Learning Outcome 1					Learning Outcome 2			Learning Outcome 3					Learning Outcome 4						Learning Outcome 5				
		1.1	1.2	1.3			1.4	1.5	2.1	2.2	2.3	3.1	3.2	3.3	3.4	3.5	4.1	4.2	4.3	4.4	4.5	4.6	5.1	5.2	
				a	b	c	d	e																	
Number of assessment criteria claimed	Your quantity / Minimum no.	2	2	2	2	2	2	2	1	2	2	2	2	2	2	1	2	1	1	1	1	1	1	2	2

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* Evidence Type WT=Witness Testimony O=Observation PD=Professional Discussion Q=Questioning S=Simulation

Candidate Signature: _____ Date: _____ Internal Verifier Name: _____
 Assessor Signature: _____ Date: _____ IV Signature and Date: _____

Unit 14 Evidence Index: Undertake an in-process accuracy check of assembled prescribed items prior to the final accuracy check

Evidence Ref & Description	Evidence Type *	Learning Outcome 1		Learning Outcome 2							Learning Outcome 3				L.O 4	Learning Outcome 5							Learning Outcome 6		
		1.1	1.2	2.1	2.2	2.3	2.4	2.5	2.6	2.7	3.1	3.2	3.3	3.4	4.1	5.1	5.2	5.3	5.4	5.5	5.6	5.7	6.1	6.2	
Number of assessment criteria claimed	Your quantity minimum no.	2	2	1	2	2	2	2	2	2	2	2	2	1	2	2	2	2	2	2	2	1	1	1	2

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* Evidence Type WT=Witness Testimony O=Observation PD=Professional Discussion Q=Questioning S=Simulation

Candidate Signature: _____ Date: _____ Internal Verifier Name: _____

Assessor Signature: _____ Date: _____ IV Signature and Date: _____

Unit 16 Evidence Index: Assist in the sale of medicines and products

Evidence Ref & Description	Evidence Type *	Learning Outcome 1		Learning Outcome 2				Learning Outcome 3		Learning Outcome 4				Learning Outcome 5		
		1.1	1.2	2.1	2.2	2.3	2.4	3.1	3.2	4.1	4.2	4.3	4.4	5.1	5.2	5.3
Number of assessment criteria claimed	Your quantity Minimum no.	2	2	2	2	2	1	2	2	2	2	2	2	1	1	1

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* Evidence Type WT=Witness Testimony O=Observation PD=Professional Discussion Q=Questioning S=Simulation

Candidate Signature: _____ Date: _____
 Assessor Signature: _____ Date: _____

Internal Verifier Name: _____
 IV Signature and Date: _____

Unit 25 Evidence Index: Process prescriptions for payment

Evidence Ref & Description	Evidence Type *	Learning Outcome 1						Learning Outcome 2			Learning Outcome 3	
		1.1	1.2	1.3	1.4	1.5	1.6	2.1	2.2	2.3	3.1	3.2
Number of assessment criteria claimed	Your quantity Minimum no	2	2	2	2	2	2	2	2	2	1	1

* Evidence Type WT=Witness Testimony O=Observation PD=Professional Discussion Q=Questioning S=Simulation

Candidate Signature: [Redacted] Date: [Redacted] Internal Verifier Name: [Redacted]
 Assessor Signature: [Redacted] Date: [Redacted] IV Signature and Date: [Redacted]

UNIT ASSESSMENT AND VERIFICATION DECLARATION