

Signed reference form

This form should be completed and signed by either your:

- Director of Pharmacy
- Chief Pharmacist
- Line Manager.

If you're self-employed it should be completed by an independent referee.
When this form has been completed and signed, please scan it and upload it to your application form.

For Completion by the Director of Pharmacy/Chief Pharmacist/Line Manager or Independent Referee (for self – employed applicants)	Applications will be considered only if all the boxes are ticked
The applicant is registered as a pharmacist with GPhC /PSNI	
The applicant has at least two years appropriate patient –oriented experience in a clinical setting	
The applicant undertakes regular CPD	
A service has been identified with pharmacist prescribing will benefit the patient and the NHS	
The relevant clinical lead(s) have agreed to support the introduction of independent prescribing for this group of patients	
Arrangements have been made to allow the applicant to be released for education and training	
The applicant will be in a position to prescribe on successful completion of the programme	
Name of supporter	
Job title	
Signature	
Date	
Contact telephone number	
Email address	
Contact address (including name of organisation)	