

Approval visit request form

<b>Name of education provider</b>		Buckinghamshire New University		
<b>Name of awarding / validating body</b>				
<b>Programme name</b>		Non - Medical Prescribing		
<b>Mode(s) of study</b>	<input type="checkbox"/> Full time	<input checked="" type="checkbox"/> Part time	<input type="checkbox"/> Work based learning	
	<input type="checkbox"/> Full time accelerated	<input type="checkbox"/> Distance learning	<input type="checkbox"/> Flexible	
<b>Part of the Register</b> (including modality if applicable)		Independent and Supplementary Prescriber		
<b>Post-registration entitlement</b> (if applicable)		<input type="checkbox"/> Approved mental health professional (AMHP) <input checked="" type="checkbox"/> Independent prescribing (IP) <input type="checkbox"/> Local anaesthetic (LA) <input type="checkbox"/> Podiatric surgery <input type="checkbox"/> Prescription-only medicine (POM) <input type="checkbox"/> Supplementary prescribing only (SP)		
<b>Qualification level</b>	<input type="checkbox"/> BA	<input type="checkbox"/> Cert	<input type="checkbox"/> FD	<input type="checkbox"/> MSc
	<input type="checkbox"/> BA (Hons)	<input type="checkbox"/> Cert HE	<input checked="" type="checkbox"/> GCert	<input checked="" type="checkbox"/> PGCert
	<input type="checkbox"/> BSc	<input type="checkbox"/> DipHE	<input type="checkbox"/> GradDip	<input type="checkbox"/> PGDip
	<input type="checkbox"/> BSc (Hons)	<input type="checkbox"/> Doctorate	<input type="checkbox"/> MA	
<b>Duration of programme</b>		1 or 2 semesters		
<b>Proposed first intake date</b> (dd/mm/yyyy)		05/09/2017		
<b>Proposed cohort size, and frequency</b>		20 each semester		
<b>Internal Quality Monitoring Date</b> (month)		September		
<b>Details of how approval of this programme may affect other HCPC approved programmes</b>		N/A		
<b>Reason for visit</b>		<input checked="" type="checkbox"/> New programme <input type="checkbox"/> New profession		
<b>Type of visit</b>		<input type="checkbox"/> HCPC visit <input checked="" type="checkbox"/> Joint visit (please provide details) <input type="checkbox"/> Multi-professional visit (please provide details) approval event jointly with NMC and GPhC		
<b>Visit location</b>		Buckinghamshire New University 106 Oxford Rd, Uxbridge, Middlesex UB81NA		

**Three suggested dates for the visit in three different weeks** (in order of preference) (dd/mm/yyyy)

1. March 15 2017
- 2.
- 3.

<b>Contact information</b>		
<b>Programme leader</b> (person with overall professional responsibility for the programme)		
<b>Title</b>	Mrs	<b>Address:</b>
<b>Name</b>	Sue Axe	Buckinghamshire New University 106 Uxbridge Road Uxbridge Middlesex
<b>Phone</b>	01494522141 ext 5175	
<b>Email</b>	sue.axe@bucks.ac.uk	
<b>Job title</b>	Senior lecturer Course Leader	
<b>Quality assurance contact</b>		
<b>Title</b>	Mrs	<b>Address:</b>
<b>Name</b>	Sue Leddington	(leave blank if same as above)
<b>Phone</b>	01494 522141 Ext4398	
<b>Email</b>	Susan.Leddington@bucks.ac.uk	
<b>Job title</b>	Principal Lecturer for Quality	
<b>Other contact</b>		
<b>Title</b>	Mrs	<b>Address:</b>
<b>Name</b>	Agnes Fanning	(leave blank if same as above)
<b>Phone</b>	01494 522141	
<b>Email</b>	Agnes.Fanning@bucks.ac.uk	
<b>Job title</b>	Head of Department	
<b>Which of the above is the main contact for the visit?</b>		Sue Axe

<b>PLEASE NOTE</b>
By completing the above information, you acknowledge that the Education Department may contact these individuals regarding the approval and monitoring of this programme, and with other information about our processes, including our regular update newsletter.
Programme approval is dealt with as public business by the HCPC's Education and Training Committee. Therefore, you should expect details of this request to be in the public domain. If asked, the HCPC will only provide factually accurate statements about a programme (eg that it is or is not approved) and will not speculate on the outcome of the approval process.
<b>Once completed, please return this form to <a href="mailto:approvals@hcpc-uk.org">approvals@hcpc-uk.org</a></b>

## How to complete this form

Please complete the form electronically. Text boxes will expand as you type. Click on check boxes to mark them.

### **Name of education provider**

The institution which maintains overall responsibility for the delivery of the programme. This includes management of admission procedures, programme resources, all aspects of the curriculum, practice placements, and assessment. We do not set requirements on who the education provider must be, but we expect them to be able to demonstrate how all of our standards are met.

### **Name of awarding / validating body**

The name of the body that awards the qualification. Only complete if different to the education provider stated.

### **Programme name**

The name of the programme for which you are requesting the visit. If you are requesting a multi-professional visit, please complete a separate visit request form for each professional group of programmes you wish us to visit.

### **Mode(s) of study**

The delivery mode of the proposed programme. Please choose from one of the six options. If the mode of study that you plan to offer is not listed, please choose the best fit. This information is for our list of approved programmes. You can refer to the programme using a different mode of study at an institutional level.

### **Part of the Register (including modality if applicable)**

The [part of the Register, including modality](#) if applicable, for which graduates will be eligible to apply, if the programme is approved.

### **Post-registration entitlement**

Complete if the programme is intended to lead to a post registration entitlement, or if the programme is to train approved mental health professionals (AMHPs).

### **Qualification level**

The level of qualification for the programme. If the qualification level that you are offering is not listed, please choose the best fit. This information is for our list of approved programmes. You can refer to the programme using a different qualification level at an institutional level.

### **Duration of programme**

The normal duration of the programme, from commencement to graduation.

### **Proposed first intake date**

The proposed date when the programme will start to run if we grant approval. Please note, this should be no sooner than three months after the visit. You may wish to consider the [dates that our Education and Training Committee meet](#) when considering the proposed start date for your programme.

### **Proposed cohort size, and frequency of cohort**

The number of students you expect to undertake the programme each year, and how frequently. For example, 20 students per cohort, two cohorts per year

### **Annual monitoring date**

The month when your institution completes your internal monitoring process and signs it off as completed. We use this information to plan your deadline for interacting with our annual monitoring process, if the programme is approved.

### **Details of how this approval may affect other HCPC approved programmes**

If approving this programme may impact on any other HCPC approved programmes, for example, if an existing programme is closed, please provide details.

### **Reason for visit**

This relates to why you would like us to visit your programme. If you would like us to visit because you are making changes to an already approved programme, please complete a major change notification form which is [available to download from our website](#).

### **Type of visit**

There are different types of approval visit:

- an HCPC only visit, where we are the only organisation approving the programme;
- a joint visit, where a number of representatives, such as your internal validation panel, a professional body, the HCPC or other regulators, are each approving the programme for different purposes; and
- a multi-professional visit, where we review programmes from several professions in a single visit.

For joint and multi-professional visits, please provide further information, including which other bodies will be present.

### **Visit location**

The location where the visit will take place. If your institution has multiple sites of delivery, you should state at which site the visit will take place. This should be the site where there is any specialist teaching accommodation that you wish us to see as part of the visit.

### **Three suggested dates for the visit in three different weeks**

Please suggest three dates in different weeks, in order of preference. Please note that:

- visits are not held on Mondays;
- visits are usually two days in length;
- we require **at least six months' notice** for a visit;
- we require a final set of documents eight weeks before the visit; and
- visits cannot take place less than three months before a programme is due to start.

### **Contact information**

Please provide the contact details for:

- the programme leader, who is the individual with overall professional responsibility for the programme;
- a quality assurance contact; and
- any other relevant contact.

Please specify which of these contacts should be the main contact for the visit.