

Expressions of Interest Form

Wales Funded Pharmacy Undergraduate Placements 2022/23

Please complete the form to register interest in training Student Pharmacists.

1.1 Host Organisation Details

Organisation Name	Address	Health Board (s) in which the training site (s) is located

* Note if there are more than one training site and supervisor being put forward then please complete appendix 1

1.2 Main Contact Person for this Organisation

Contact	Details
Name	
Telephone	
Email	

1.3 Availability

Please indicate how many students you can accommodate:

Semester 1

Date	MPharm Year	Number of Students
w/c 10 th October	3	
w/c 17 th October	4	
w/c 24 th October	3	
w/c 7 th November	4	
w/c 14 th November	3	
w/c 21 st November	4	
w/c 28 th November	3	
w/c 5 th December	4	

Semester 2

Date	MPharm Year	Number of students
w/c 16 th January	4	
w/c 23 rd January	4	
w/c 30 th January	4	
w/c 13 th February	3	
w/c 20 th February	4	
w/c 6 th March	3	
w/c 13 th March	3	
w/c 1 st May	3 and 4	
w/c 8 th May	3 and 4	

1.4 Placement Supervisor Details

Contact	Details
Name	
Telephone	
Email	

* Note if there are more than one training site and supervisor being put forward then please complete appendix 1

Please answer the following questions

- Number of days supervisor works
- Has the supervisor previously trained student pharmacists (Y/N)
- Is the supervisor a Designated Supervisor on the HEIW Foundation Programme? (Y/N)

Yes No

Please confirm you have read the information provided



Please return to laura.doyle3@wales.nhs.uk by 2nd September 2022

