



Pharmacy Applicant Funding Information Independent Prescribing / PG Dip / MSc

School of Pharmacy

First name:	
Last name / family name:	
Applicant Number:	
GPhC or PSNI Registration Number:	
Funding Stream (please tick):	* If "other" please provide details below:
<input type="checkbox"/> Employer Funded	
<input type="checkbox"/> Self Funded	
<input type="checkbox"/> Other*	

If you have selected "employer funded" or "other", the following section should be completed by the funder / funding controller at your hospital / place of work:

Course funding has been approved for: (please tick)	<input type="checkbox"/>	Post Graduate Diploma Pharmacy Practice
	<input type="checkbox"/>	MSc Pharmacy Practice
	<input type="checkbox"/>	Practice Certificate in Independent Prescribing

I can confirm that the above named applicant is in receipt of funding from the funding budget for the purposes of studying the Postgraduate Diploma / MSc / Independent Prescribing (credit only) course offered by the School of Pharmacy at the UEA.

Purchase order/invoice number (if known):	
Name of individual/organisation paying tuition fee:	
Name of Trust signatory:	
Position:	
Trust Employer:	
Contact telephone number:	
Contact email address:	

Applicant/Trust/Employer Signature (<i>please amend</i>):	
Date:	

Note for applicants: if funder information is not fully completed then the invoice for the tuition fees will be issued directly to you as the enrolled student (as listed above). If you receive an invoice for your tuition fees and you believe this should be funded by your employer / trust, please provide full details to the Finance enquiries team, accounts.receivable@uea.ac.uk.