NEW ZEALAND CERTIFICATES IN PHARMACY – PHARMACIST VERIFIER FORM

ABOUT THIS FORM

Both trainee and pharmacist need to fill in and sign this form. Please return this form to:

Pharmacy Department, Open Polytechnic, Private Bag 31914, Lower Hutt, 5040.

Alternatively, if this is your first application for enrolment into the *New Zealand Certificates in Pharmacy,* you can download this form during the online application process and return it to the address above.

The *New Zealand Certificates in Pharmacy* require that selected course assessments be checked in the workplace by an approved verifier.

This form collects the name of the verifier who will check the workplace course assessments, and describes and records the verifier's agreement to the verification requirements. It also records the student's permission for Open Polytechnic to discuss information on their enrolment status and academic progress with their employer.

PHARMACIST'S DECLARATION

Please tick the following statements as appropriate:

- ☐ I confirm that I will verify the work of _____ .
- ☐ I confirm I will provide any necessary guidance and training opportunities to assist the student.
- ☐ I will notify Open Polytechnic if there is any change in my eligibility to be a verifier, or if there is a change of verifier.

Pharmacist's name: _____

Pharmacist's Signature: _____

Pharmacist's Email: _____

Registration number: _____

Date: _____

Name of Pharmacy: _____

Address of Pharmacy: _____

_____

_____

Work phone number: _____

TRAINEE DECLARATION

- ☐ I agree that Open Polytechnic can discuss information on my enrolment status and academic progress with my employer.

Student's name: _____ Student number: _____

Signature: _____ Date: _____

Contact phone: _____

Please ensure you and your verifier have signed the form, and return it to:

Programme Leader – Pharmacy
Open Polytechnic
Private Bag 31914
Lower Hutt 5040

Alternatively, you can scan and email the form to ***pharmacy@openpolytechnic.ac.nz***