

## Application to 2011 EVOLVE Intern Programme & Intern Training Site Notification Form

Please detach the first 2 sheets and keep them for your information.

NB: If you do NOT plan to join the 2011 EVOLVE Intern Programme, please advise us by email – a.straugheir@psnz.org.nz

Please Note:

### NZ & Australian Graduate Intern Pharmacists

As approved by the Pharmacy Council, the EVOLVE Intern Programme requires all interns to undertake supervised practice from **no later than** 1 February until 30 November of each year, whilst completing the assessment requirements of the Programme. **In addition to this**, an intern pharmacist must continue to practice in their intern training site until results of the Programme are available and they are eligible to apply for registration as a pharmacist (usually mid December). The Programme strongly encourages all interns to commence work as soon as possible after graduation and anticipates that the majority will be in their sites from December.

**The earliest date for registration as a Pharmacist (on successful completion of the Programme) will be 8 December 2011.** We would recommend that no intern accepts an employment contract of less than 46 weeks. The minimum period of supervised practice is 44 weeks.

### Overseas Pharmacist Interns

As approved by the Pharmacy Council, the EVOLVE Intern Programme requires all overseas registered pharmacist interns to undertake supervised practice for a period of 26 weeks or 44 weeks, whilst completing the assessment requirements of the Programme. Overseas registered pharmacist interns doing the 26 week programme may enter the EVOLVE Intern Programme either in the month of May or December. Those doing the 44 week programme must commence by 1 February 2011.

### Return to the Workforce Pharmacists

As approved by the Pharmacy Council, the EVOLVE Intern Programme requires all Return to the Workforce pharmacists to undertake supervised practice for a period of 26 weeks, whilst completing the assessment requirements of the Programme. Return to the Workforce pharmacists may commence the Intern Training Programme either in the month of May or the month of December. The 26 week programme may also be completed part time over a minimum of 44 weeks. Contact EVOLVE for further information.

### Training Sites & Preceptors

Your training site and preceptor must be approved by the EVOLVE Intern Programme. If your pharmacy or preceptor is not currently approved for training an intern, approval forms are available on the PSNZ Inc website ([www.psnz.org.nz](http://www.psnz.org.nz)), under INTERN – Training an Intern. Please ensure these forms are completed and returned to PSNZ in order for approval to be processed before you start work. If you are undertaking training in a non-traditional, non-patient centred site, a separate form will need to be completed for this site (also available on the PSNZ website).

### 2011 Programme Fees

**Fees for 2011 are yet to be finalised.** The fees for 2010 were as follows (figures include GST):

NZ & Australian B.Pharm Graduate Intern with NZ residency/citizenship	\$ 3,765.00
NZ & Australian B.Pharm Graduate Intern without residency/citizenship	\$ 4,415.00
Overseas Pharmacist Interns with NZ residency (26 weeks)	\$ 3,610.00
Overseas Pharmacist Interns with NZ residency (44 weeks)	\$ 3,765.00
Overseas Pharmacist Interns non-resident (26 weeks)	\$ 3,610.00
Overseas Pharmacist Interns non-resident (44 weeks)	\$ 4,415.00
Return to the Workforce Pharmacist (26 weeks)	\$ 3,610.00

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### Pharmacy Council of New Zealand

You will also be required to register as an Intern Pharmacist with the Pharmacy Council of New Zealand **prior to commencing your internship**. Intern Registration and Annual Practising Certificate forms will be distributed to the Schools of Pharmacy in August 2010. If you are an overseas pharmacist intern or a Return to the Workforce pharmacist, an Intern Registration and Annual Practising Certificate form should have been supplied to you already.

Fees payable to the Pharmacy Council **before** commencement of the 2011 EVOLVE Intern Programme are likely to be as follows:

Registration as an Intern Pharmacist	\$ 207.00 (including GST)
Annual Practising Fee for the Intern Scope (including Discipline Levy)	\$ 373.00 (including GST)

*Please check your Pharmacy Council Application Form for the exact fees prior to payment.*

Mail to:

Pharmacy Council of New Zealand  
PO Box 25 137  
WELLINGTON 6146

If you have any questions about these points please contact the EVOLVE Intern Programme at PSNZ for further explanation. All information provided on the following forms will be treated in strict confidence and used only for planning and administering the 2011 EVOLVE Intern Programme.

**NZ graduate intern pharmacists intending to enter the 2011 Programme must return the Application Form by 31 October 2010.**

Courier address:

Annette Straugheir  
Co-ordinator – Evolve Intern Programme  
Pharmaceutical Society of New Zealand  
Pharmacy House, 124 Dixon Street  
WELLINGTON 6011

Postal address:

Annette Straugheir  
Co-ordinator – Evolve Intern Programme  
Pharmaceutical Society of New Zealand  
PO Box 11 640  
WELLINGTON 6142

# Application to 2011 EVOLVE Intern Programme & Intern Training Site Notification Form

## Steps to Entry into the EVOLVE Intern Programme

NB: Dates given below apply to NZ Graduate Interns only.

### Step One

#### Expression of Interest

Complete 2011 EVOLVE Intern Programme Application Form & Intern Training Site Notification Form.

Forms will be distributed when EVOLVE Intern Programme staff talk to P4 students at the Schools of Pharmacy in August 2010.

Return forms to the Society by **31 October 2010**.

### Step Two

#### Secure an Intern Training Site

Your site and preceptor will both need to be approved by the Programme and your preceptor will need to attend a Workplace Assessor Training course in February 2011 if they have not already done so.

Inform the Programme of your placement if you have not already done so.

#### Step Two A

Information on taking an intern (including approval forms for sites and preceptors) are available on the PSNZ website ([www.psnz.org.nz](http://www.psnz.org.nz))

#### Step Two B

### Step Three

#### Register with the Pharmacy Council

Complete an Intern Registration & Annual Practising Certificate (APC) Application Form.

Forms will be distributed when Pharmacy Council staff talk to P4 students at the Schools of Pharmacy in August 2010 along with confirmation of Registration and Annual Practising Fees.

For administrative purposes, return forms to the Pharmacy Council as soon as possible before 17 December 2010.

The earliest date Annual Practising Certificates can be issued is 15 December 2010.

### Step Four

#### Start Working in your Site

All interns **must** be working in their sites **no later than** 1 February 2011, however the Programme strongly encourages all interns to commence work as soon as possible after graduation and anticipates that the majority will have their APCs issued and commence working in their sites during December 2010.

#### Enrolment Confirmation and Programme Manuals

Once you have registered with the Pharmacy Council you will receive confirmation that you have been accepted into the 2011 EVOLVE Intern Programme.

A Programme manual will be sent to your pharmacy mid-January, after you have completed Registration with the Pharmacy Council.



## Application to 2011 EVOLVE Intern Programme & Intern Training Site Notification Form

### 2011 EVOLVE Intern Programme Application Form

All final year pharmacy students (or pharmacy graduates) wishing to apply to the 2011 EVOLVE Intern Programme must complete all the following details, even if they have not yet secured a training site.

All interns must complete a separate Pharmacy Council Intern Registration and Annual Practising Certificate Application form prior to commencement at work.

#### Office Use Only

NZ Student/Grad   
Aust Student/Grad   
Overseas Pharmacist   
Return to Workforce Pharmacist

Family Name: \_\_\_\_\_

First Name(s): \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Contact phone number (preferably cell phone): \_\_\_\_\_

Contact email address (not your university email): \_\_\_\_\_

Postal address for 2011: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please notify Annette Straugheir at PSNZ of any changes to the above contact details.

Gender:  Male  Female Date of Birth: \_\_\_\_\_

Ethnicity (please refer to the table on the next page): \_\_\_\_\_

If you identified yourself as a Maori (code 21 overleaf), do you wish to receive contact and support from the Maori Pharmacists Association during your intern year?  Yes  No

#### NZ Graduates

School of Pharmacy Attended:  Otago  Auckland  CIT

Year started: \_\_\_\_\_ Year completed: \_\_\_\_\_

#### Australian Graduates

School of Pharmacy Attended: \_\_\_\_\_

#### Overseas Pharmacist Interns & Return to the Workforce Pharmacists

Current Qualification: \_\_\_\_\_

Country of Qualification: \_\_\_\_\_ Year completed: \_\_\_\_\_

## Application to 2011 EVOLVE Intern Programme & Intern Training Site Notification Form

Please tick to confirm you have supplied the following with your **completed** application form:

- Two recent certified passport photos
- Proof of your New Zealand Residency Status  
i.e. a certified copy of your Birth Certificate (if born in NZ or Australia) or certified copies of papers confirming your citizenship, permanent residency or other residency qualification (e.g. work permit). Student visas are not acceptable.
- Any other information relevant to your application that should be known to the EVOLVE Intern Programme Manager in considering your application and planning your training.
- If you are a NZ or Australian graduate and did not enrol in the EVOLVE Intern Programme immediately after completing your degree, please attach a separate sheet of paper explaining why and what you have been doing in the interim.

### Consent to Disclosure

As an intern member of PSNZ Inc, your pharmacy contact details may be passed on to your local PSNZ Branch so you can be given the opportunity to attend Branch meetings and participate in appropriate activities.

From time to time PSNZ may need to make enquiries in order to verify your application. Sources may include the Schools of Pharmacy. Such enquiries may be made for the following purposes: to confirm application information; to confirm that an applicant is of a fit and proper character; to obtain any other information which may be relevant to the applicant's intern training.

Please sign below if you agree to such enquiries being made.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Please tick if you agree to your contact details being given to potential employers
- Please tick to receive the Prescriber Update booklet (supplied free by the Ministry of Health)

### Ethnicity

Ethnicity	Code	Ethnicity	Code
European (not defined)	10	Asian (not defined)	40
New Zealand European/Pakeha	11	Southeast Asian	41
Other European	12	Chinese	42
New Zealand Maori	21	Indian	43
Pacific Island (not defined)	30	Other Asian	44
Samoa	31	Middle Eastern	51
Cook Island Maori	32	Latin American/Hispanic	52
Tongan	33	African (or cultural group of African origin)	53
Niuean	34	Other	54
Tokelauan	35		
Fijian	36		
Other Pacific Island Groups	37		

# Application to 2011 EVOLVE Intern Programme & Intern Training Site Notification Form

## Intern Training Site Notification Form

Full Name of Intern: \_\_\_\_\_

### Site Details

Name of the pharmacy at which you have accepted an Intern Training position: \_\_\_\_\_

Pharmacy Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Proposed start date of your practical training period: \_\_\_\_\_

### Split Site Details

If you will be working in any other pharmacy sites (including non-patient care sites) during your practical training period please give details here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Site Not Yet Secured

I have not yet secured a training site for 2011

Please notify Annette Straugheir at PSNZ Inc as soon as you have secured a training site for 2011 so your details can be updated.

### Preceptor Details

Name of your Preceptor: \_\_\_\_\_

Has your preceptor completed the required Workplace Assessor Training?  Yes  No

N.B. If your preceptor has not yet completed Workplace Assessor Training they will need to agree to complete this during February 2011.

Is your preceptor a friend or relative of yours?  Yes  No

If YES, please attach details describing the relationship and explaining the arrangements you will make to ensure that you can be assessed and trained fairly and validly.