## Appendix Q Annual declaration

[](http://nww.intranet.rdash.nhs.uk/home/corporate-templates/rotherham-doncaster-and-south-humber-nhs-foundation-trust-rgb-black/)

**NON MEDICAL PRESCRIBING ANNUAL DECLARATION**

**Name:………………….. Year: 1 April ……..……. To 31 March ………………**

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| Specialist Skills & Post Registration Development **(SSPRD) ACTIVITY**  *SSPRD may take a number of forms, including: E-learning; Journals; Prescribing forums, Individual study; Work based learning; Formal SSPRD study days; Action Learning Sets. The form should be what suits individual practitioners’ own learning styles and meets individual need.*  I confirm SSPRD activity has been undertaken during the year as stated above and has been reviewed by my supervising practitioner.  **Signature: ……………………… Signature ………………………………**  **Non-Medical Prescriber Supervising Practitioner**  **Dated: ……………………………………………..** |
| **DECLARATION OF GIFTS, SPONSORSHIPS & FEES**  *This section must be signed irrespective of whether “you have” or “have not” anything to declare*  *In the last 12 months have you:*   * *received, to an aggregated value of £50 or more of gifts, vouchers or other gratuity* * *received sponsorship for course or conference fees (including associated travel and accommodation)* * *received funding for research* * *received fees for lectures, presentation or teaching events* * *knowingly have shares in pharmaceutical companies* * *used your prescribing qualification in private practice, i.e. aesthetic procedures (see section 5.10)*  |  |  |  | | --- | --- | --- | | I have **NOT** |  |  | |  |  |  | | I have |  | You **must** complete the relevant declaration in the Trust Conflict of Interest Policy Appendix A - send copies to the Director of Corporate Assurance and the Head NMP. Refer to section 5.10 | | I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the Trust and the NHS Counter Fraud Authority for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.  **Signature: ……………………… Date: …………………** | | | |
| **PRESCRIBING COMPETENCE**  *(This section to be completed by the appropriate Supervising Practitioner)*  I confirm I have reviewed the above named individual’s Competency Framework documentation during Supervision. Each of the competencies have been considered and specific areas identified as the learning priorities for the year agreed. I agree they are competent to prescribe in accordance with the requirements of the NMP Policy.  **Signature: ……………………………… Print Name: ………………………………………**    **Designation:…………………………………..Dated:………………………………………….** |

**This declaration must be made annually and sent to the NMP Project Support Officer, Woodfield House, Doncaster DN4 8QN or via email** [**rdash.non-medical-prescribing@nhs.net**](mailto:rdash.non-medical-prescribing@nhs.net) **for the record. Please keep a copy of this in your appraisal folder**