



NCFE Certificate in Understanding the Safe Handling of Medicines

Level 2	GLH: 110	QCF credit value: 13	Entry requirements: <i>Learners must be aged 18 or over in order to enrol on the course.</i>
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Who is this for?

This course is aimed at learners aged 18 or over, who wish to develop their knowledge of the safe handling of medicines. It is ideal for those who are already employed in a school based setting and, who wish to study the programme as part of their own continuous professional development.

What are the benefits of doing this course?

The qualification is mapped to aspects of the knowledge outcomes for Clinical Health Skills and Health and Social Care National Occupational Standards. It is also mapped to the Skills for Care knowledge set for medication, and may contribute towards parts of the NHS Knowledge and Skills Framework. As a distance learning course, Tribal's programme can be completed at times and locations suited to the learner, making it perfect for those who may have irregular working hours, and for whom attending college on a regular basis would be difficult. By working through this programme, learners will develop an understanding of their responsibilities in the workplace and the procedures they should follow when handling medicines. This will help to protect against common errors in relation to the safe handling of medicines, and support safe working practices.

Progression opportunities:

By undertaking this programme, candidates will be able to further their own continuous professional development, which may improve their career prospects. They could also progress on to further qualifications, such as courses in health and social care or related subjects. Please contact the project for details of other relevant courses you might be eligible for.

Course content:

The NCFE Level 2 Certificate in Understanding the Safe Handling of Medicines comprises four mandatory units:

UNIT 01: Understand medication and prescriptions (Credit value: 3) (Y/601/9571)

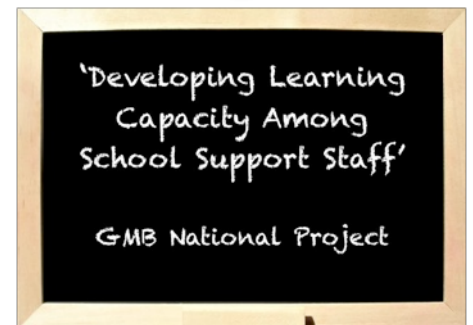
UNIT 02: Supply, storage and disposal of medication (Credit value: 3)
(K/601/9574)

UNIT 03: Understand the requirements for the safe administration of medication
(Credit value: 4) (T/601/9576)

UNIT 04: Record-keeping and adult processes for medication administration and storage (Credit value: 3) (F/601/9578)

Each unit contains activities and assessments designed to cover specific the learning outcomes.

**For further information,
please contact:**



**GMB
School Support Staff
National Project Team:**

Project Manager:

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Project Worker:

- Julie Whitaker
julie.whitaker@gmb.org.uk

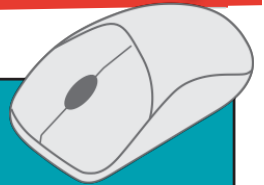
This offer does not remove your employer's duty of care to provide you with adequate training for medical needs that children may require, and it is only an introduction to safe handling of medicines.

How do I join?



Just fill in the form below and hand it in to your local GMB workplace organiser, or post it to GMB Yorkshire and North Derbyshire region, FREEPOST NEA524, Grove Hall, 60 College Grove Road, Wakefield WF1 3SY (you do not need a stamp).

JOIN GMB AT
www.gmbyorkshire.org.uk
 Or if you have any questions call **0845 337 7777**



Remember – GMB membership covers you for all of your jobs, wherever you work. GMB contributions are £2.70 if you work 21 hours or more per week, £1.55 if you work between 10-20 hours per week and just 85p if you work less than 10 hours per week.
 *85p rate excludes cash benefits

FOR UNION USE ONLY	Section	<input type="text"/>	Branch No	<input type="text"/>	Membership No	<input type="text"/>	Date of joining	<input type="text"/>
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GMB Yorkshire and North Derbyshire region membership application form

1 TELL US ABOUT YOU	
Surname <input type="text"/>	First name <input type="text"/>
Title <input type="text"/>	Mrs/Miss/Ms/Mr
Date of birth <input type="text"/>	<input type="text"/>
Home address <input type="text"/>	Home Tel <input type="text"/>
Postcode <input type="text"/>	Email <input type="text"/>
Mobile <input type="text"/>	I agree to abide by GMB rules <input type="checkbox"/>
Date <input type="text"/>	Signature <input type="text"/>
We ask for your ethnic origins as part of our equal opportunities policy of improving services to all members	
Bangladeshi <input type="checkbox"/> / Black African <input type="checkbox"/> / Black Caribbean <input type="checkbox"/> / Black British <input type="checkbox"/> / Chinese <input type="checkbox"/> / Indian <input type="checkbox"/> / Pakistani <input type="checkbox"/> / White <input type="checkbox"/> / Other <input type="text"/>	
2 TELL US ABOUT YOUR JOB	
Employer <input type="text"/>	Your job <input type="text"/>
Address where you work <input type="text"/>	How many hours a week do you work? <input type="text"/>
Postcode <input type="text"/>	Pay No <input type="text"/>
	Work Tel <input type="text"/>
	Pay Date <input type="text"/>
3 CHOOSE EITHER AUTHORISATION OF DEDUCTION OF YOUR TRADE UNION CONTRIBUTIONS FROM YOUR PAY	
<i>Section 68, Trade Union and Labour Relations (Consolidated) Act 1992 as amended</i>	
<ul style="list-style-type: none"> I authorise my employer to deduct from my pay each week/month the sum of <input type="text"/> £ or other amounts as may be fixed by the GMB from time to time.	<ul style="list-style-type: none"> Please start the deductions immediately and pay the amounts to the GMB. <input type="checkbox"/> Cash I note that this agreement may be cancelled by one month's notice in writing. I give permission to my employer to notify the GMB of any future change of address.
Signed <input type="text"/>	Date <input type="text"/>
4 OR INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY TO PAY DIRECT DEBITS	
Please fill in the form and send to GMB Yorkshire & North Derbyshire Region , Grove Hall, 60 College Grove Road, Wakefield WF1 3RN	
Name and full postal address of your Bank or Building Society branch	Service User Number <input type="text"/>
To the Manager of <input type="text"/>	9 7 4 3 3 0
Address <input type="text"/>	Bank/Building Society <input type="text"/>
Postcode <input type="text"/>	
Name(s) of account holder(s) <input type="text"/>	
Bank/Building Society Account Number <input type="text"/>	
Bank/Building Society Sort Code <input type="text"/>	
Reference number (Office use only) <input type="text"/>	
For GMB official use only. This is not part of the instruction to your Bank/Building Society. If your A/C number is not available fill in your address below.	
Instructions to your Bank or Building Society.	
Please pay GMB Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with GMB and, if so, details will be passed electronically to my Bank/Building Society.	
Signature(s) <input type="text"/>	
Date <input type="text"/>	
Banks or Building Societies may not accept instructions for some types of account	