**Reference number:**



**Application form for Crystal Clear Pharmacy Programme 2021-2023**

This is an application form for pharmacies to apply for the Crystal Clear mark.

**Please fill in the application form and email to NALA at** [**hryan@nala.ie**](mailto:hryan@nala.ie)

If you have any questions, ring Helen on 01 412 7919 (direct).

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| **Name of pharmacy:** |  |
| **Address:** |  |
| **Contact person:** |  |
| **Contact email:** |  |
| **Contact phone number:** |  |
| **Computer system:** |  |
| **Date of application:** |  |

**Crystal Clear Pharmacy: 10 quality standards**

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| **Communications** | | **Evidence** |
| **1** | Our staff use **plain English** when **speaking** with people. | Give two examples |
| **2** | We can write a **medication** **label** in **plain English.** | Attach 2 labels |
| **3** | We **check** that people **understand** what we have told them. | Give two examples |
| **4** | The **layout** of our pharmacy is clear. | Attach 2 photos |
| **Staff awareness and responding sensitively** | |  |
| **5** | Our staff are **aware** of literacy friendly work practices. | Give two examples |
| **6** | Our staff **respond sensitively** to people with literacy and numeracy needs. | Give two examples |
| **Policies and procedures** | |  |
| **7** | We have a **literacy friendly policy.** | Attach policy |
| **8** | We have **specific ways** to help people find and use important information and instructions. | Give two examples |
| **9** | We **support our staff** to improve their literacy, numeracy and digital skills (if needed). | Give two examples |
| **Evaluating and improving** | |  |
| **10** | We regularly **evaluate** and continually **improve** our literacy friendly service. | Give two examples |

**Application form**

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| **Communications** |

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| **1** | **Our staff use plain English when speaking with people.** | |
| **Example 1** | | **Example 2** |

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| --- | --- | --- |
| **2** | **We can write a medication label in plain English.**  Please insert two plain English labels below or attach when sending in your application. | |
| **Example 1** | | **Example 2** |

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| --- | --- | --- |
| **3** | **We check that people understand what we have told them.** | |
| **Example 1** | | **Example 2** |

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| --- | --- | --- |
| **4** | **The layout of our pharmacy is clear.**  Please insert two photographs below or attach when sending in your application. | |
| **Example 1** | | **Example 2** |

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| **Staff awareness and responding sensitively** |

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| **5** | **Our staff are aware of literacy friendly work practices.** | |
| **Example 1** | | **Example 2** |

|  |  |  |
| --- | --- | --- |
| **6** | **Our staff respond sensitively to people with literacy and numeracy needs.** | |
| **Example 1** | | **Example 2** |

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| **Policies and procedures** |

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| --- | --- |
| **7** | **We have a literacy friendly policy.**  Please include the policy below or attach when sending your application. |
|  | |

|  |  |  |
| --- | --- | --- |
| **8** | **We have specific ways to help people find and use important information and instructions.** | |
| **Example 1** | | **Example 2** |

|  |  |
| --- | --- |
| **9** | **We support our staff to improve their literacy, numeracy and digital skills.** |
| **Example** | |

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| **Evaluating and improving** |

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| --- | --- | --- |
| **10** | **We regularly evaluate and continually improve our literacy friendly service.** | |
| **Example 1** | | **Example 2** |