

Registration as an EEA qualified pharmacy technician

June 2017
Version 2.2

Send your completed application to:

EEA Applications
Customer Services Team
General Pharmaceutical Council
25 Canada Square
LONDON
E14 5LQ

Contact us

Phone: **0203 713 8000**

Email: international@pharmacyregulation.org

Introduction to this guidance

The registration guidance notes should provide you with all of the information you require to successfully complete the registration process. Please read this document carefully before contacting the General Pharmaceutical Council (GPhC) with any queries.

You should use this application pack if you are an EEA (European Economic Area) or Swiss national and want to apply to register as a pharmacy technician in Great Britain and one of the following apply:

- You have a pharmacy qualification gained in a member state that entitles you to practise as pharmacist or pharmacy technician in that country and if the education and training is not regulated in that member state, you have full-time professional experience as a pharmacy technician for two years, or equivalent period on a part time basis during the previous ten years.
- You have a pharmacy qualification gained in your country of qualification, that entitles you to practice as a pharmacist or pharmacy technician in that country, which has been recognized by a member state and you have been permitted to work as a pharmacist or pharmacy technician in that member state.

We will evaluate your education and training and decide whether you are eligible for registration or not. You may be required to complete either an adaptation period or an aptitude test covering theoretical knowledge and practical skills, which have not been covered as part of your education and training, in order to meet our registration requirements.

On **1 July 2011** registration became mandatory (compulsory). You will need to be registered as a pharmacy technician to work as or call yourself a pharmacy technician in Great Britain.

Preparing and completing your application

1. Read all the guidance carefully.
2. Use a black ball point pen, WRITE IN BLOCK CAPITALS and mark boxes clearly to answer the questions on the application form. No liquid paper amendments or alterations of any other kind are permitted on the application form or certified copies of documents
3. To help us process your application as quickly as possible, please check your documents very carefully to make sure you have provided all that is required and in the format required e.g. certified copy (passport) or original document (police clearance certificate). We recommend that you make use of the checklist provided in the information pack.
4. Arrange for any documents not in English, including notary certifications to be translated into English.
5. Contact the relevant authorities to arrange for them to send the relevant documents directly to us.
6. Check that all the names on your documents are spelt the same way and any changes in name can be tracked. (If there are variations see section E for further information).
7. A solicitor or notary can certify photocopies of your documents as true copies of the original.
8. Arrange for your photograph and section 6 of your form to be signed by an appropriate person
9. Send your completed application to us as instructed on the checklist. It is important that your application is double checked before sending it to us. If any information or documents are missing we will return your application and your registration will be delayed. We will charge £48 administration fee if we have to return applications for missing information more than once.

Contents

- A. Certified documents
- B. Translations
- C. Completing the form
- D. Documents to be submitted
- E. Do I need to complete a Statutory Declaration?
- F. What will delay my Registration?

A - Certified documents

Your supporting documents must be certified as a “true copy of the original” by one of the following:

- Solicitor / Lawyer (or legal equivalent in your home country)
- Notary (or legal equivalent in your home country)

Certifications must read:

“I certify that I have seen the original document and that this is a true copy”

- It must be signed, dated within the last 6 months. We will not accept documents certified by anybody apart from those legal professions listed above.
- The legal professional should write their name in block capitals as well as sign the document.
- We do not provide details of legal professionals to approach to certify your documents.
- **If the certifications are not in English they will need to be translated.**

Why must your documents be certified?

We request that the copies of the applicant’s identity and qualification documents are certified so that we can verify the authenticity of the documents. As the independent regulator of Pharmacy Technicians, the GPhC has the responsibility to confirm the identity of its registrants.

What documents must be certified?

- Qualification certificate
- Academic transcript
- Passport or identity card
- Birth certificate
- Marriage certificate (if applicable)

B - Translations

Any document that is not written in the English language MUST be accompanied by a translation.

- You must provide the translation together with a solicitor/notary certified copy of the document which is not in English.
- Translations must be carried out by a professional translator.
- The translator must sign and date the translation and provide their name and business address.
- The translator must also certify that they are authorised to translate from the particular foreign language into English, and that the translation produced is true and accurate. The certification must be on the same page as the translation or be attached to the translation.
- The translation must be a literal translation NOT an interpretation of the original document.
- All certifications and ink stamps on the original document must also be translated.

C - Completing the application form

The following guidance explains the requirements for each section of the attached application form.

Section 1 - Personal details

It is essential that your personal contact details are kept up to date, so that the GPhC can contact you about your registration.

Names

Your name on this form should be identical to the name on your birth certificate, qualification certificate and proof of identity document(s) - word for word, letter for letter.

If your name is not identical (word for word, letter for letter) on your application form and all of your accompanying documents, you must provide supporting documentation to verify any discrepancies.

Examples of supporting documentation include:

- Statutory declaration (a copy can be found on our website)
- A certified copy of your Marriage certificate or certificate of civil partnership (please note this will not be returned)
- Deed poll certificate (please note this will not be returned)

Date of Birth

Your date of birth must match all of your accompanying documents.

Address

You must keep your contact details up to date. If you change your address you must notify us within one month of the date of change. Your registered address must be the address where you live, as this is the address we will use when we write to you.

Please provide us with an e-mail address. We will contact you by e-mail if we require additional information or documents.

Section 2- Fitness to Practise

You must tell us if you have previously registered or applied for registration with the Royal Pharmaceutical Society of Great Britain (RPSGB) or the GPhC in the past as a pharmacist or pharmacy technician.

You must tell us if you are, or have been, registered with any other regulatory bodies either in the UK or overseas. If you are registered with more than one body please provide details on a separate sheet.

We define a 'conviction' as a finding, in criminal proceedings in the UK (or elsewhere), that a person has committed the offence alleged. You do not need to include road traffic offences where you were offered the option of paying a fixed penalty. This is even if you refused the option of paying the fixed penalty and were convicted of the offence by a court. You must tick either yes or no for questions 2.1 to 2.11.

If you have answered yes to any of the questions you must complete a 'Something to Declare' form. You must tell us if you have been involved in any legal or disciplinary proceedings including any that have resulted in a caution or if you have any problems with your physical or mental health that may impair your ability to practise. Failure to do so may result in misconduct allegations at a later stage.

Please see our website for further details.

Section 3- Details of qualification

You should enter the details of your pharmacy qualification(s) in this section. You will need to confirm the name of the qualification, the name and address of the awarding institution, the date you started, the date you were awarded with the qualification, the mode of study (e.g. full-time or part-time) and give the details of any compulsory work experience required.

If you have more than one qualification please continue on a separate sheet.

Section 4- Career History

Only include work experience after the date you started your pharmacy technician course, even if you were working in pharmacy before you started your course.

You must provide information on your work experience as a pharmacy technician and student technician, including main responsibilities and duties. Please include a job description if you have one that provides details of your duties and responsibilities. Only include work experience that is pharmacy-related.

You must provide a CV if

- there are gaps between jobs e.g. because you have been travelling,
- you have taken any maternity leave or periods of sickness, or
- there have been any changes in hours or responsibilities within a job.

Section 5- Declaration by applicant

The GPhC will only be able to process your application if you have signed and dated your application. It is important that you have a full understanding of the declaration before you sign it. It is a criminal offence to make a fraudulent declaration to gain entry to the register.

Section 6- Photograph certification

You should submit a passport photograph which has been certified on the back and attached to Section 7 of the form.

- Your photograph must be certified, signed and dated by a professional person, or a person of standing in the community. Examples include a pharmacist, a university lecturer, a registered solicitor or a licensed Medical Practitioner. The person providing the countersignature must not be related to you by birth or marriage. Neither should they be in a personal relationship with you nor live at your address.
- The signatory must have known you for **at least two years**
- The certification on the back of the photograph should read:
"I certify that this is a true likeness of [Mr/Mrs/Miss/Ms or other title, followed by the applicant's full name]"
- The photograph must be signed and dated by the signatory under the certification
- The person certifying the photograph must also complete Section 6 of the application form
- The photograph must be stapled to the top right corner of Section 6 of the application form

Please note that the GPhC will not accept photo certification from those that are not deemed acceptable countersignatures. Receipt of unacceptable certification will delay the progression of your application.

Section 7- Equality and Monitoring

In this section an applicant may volunteer the following:

- Ethnic group
- Gender
- Whether or not you have a disability
- Religion

Section 8 - Structured pharmacy employer/tutor reference to assess knowledge of English

You must provide a completed employer reference if you are not providing a satisfactory IELTS certificate or have not completed a pharmacy qualification in an English speaking country as evidence of your English language proficiency.

Section 9 - Payment form

1. The application fee. This covers our costs for checking the documents you have provided.
2. The scrutiny fee. This covers our costs for evaluating your qualification against the national requirements for registration.
3. After satisfactory completion of any recommendations set by the Evaluators you will be required to provide the first entry fee. This covers our costs for putting and maintaining your name on the register.

Section 10 - Assessment Framework

The Assessment Framework describes the national requirements for the initial education and training of pharmacy technicians in the UK. This self-assessment must be completed using and referencing your syllabus (curriculum).

For any aspect of the framework which you mark 'yes' you must also indicate the course/subject where this aspect was covered. You must indicate the subject in such a way to enable the Council's evaluators to cross-reference what you have written against your syllabus (curriculum), **each reference on the assessment framework should be page numbered to enable the assessors to quickly locate the relevant section of the syllabus.**

For example, if your syllabus (curriculum) does not have a contents page or isn't page numbered you should add these. Please ensure that your Assessment Framework is completed correctly and clearly. If this does not accurately reflect your syllabus you will be required to complete it again.

Please note if the National Occupational Standards (NOS) have been covered by training or employment please provide an assessment from your supervisor/employer of your performance against the relevant standard. This can be provided on a separate sheet. This assessment(s) must be accompanied with a copy of your job description (detailing your role) and your supervisor/employer (s) must provide comment on your performance against this role.

This assessment and job descriptions will enable the GPhC's evaluators to compare your training and work experience against the national requirement for education and registration. The evaluators will make a recommendation regarding your eligibility for registration with the GPhC and it is in your best interests to provide as much information and supporting evidence as possible.

It is possible that you may need to complete further education or undertake supervised practice as a pharmacy technician in the UK before being eligible to register.

D Documents to be submitted

Certified copy of birth certificate

You must provide a certified true photocopy of your birth certificate; this may be certified by a solicitor or notary. Please do not send the original as it will not be returned to you. This must be in English. If your birth certificate is not in English please submit a certified copy of your birth certificate accompanied by a professional translation. Please note certification not in English will be required to be translated.

Please note that the date on which your birth was registered must not be later than one year after your actual birth. If your birth was registered after this time then you will need to complete part A of a statutory declaration and send this AND the certified copy of your birth certificate with your application.

You must arrange for a solicitor to complete Part A of a statutory declaration if:

- You do not have a copy of your birth certificate
- Your birth was not registered within in one year of your birth

If you are applying in a name that does not exactly match your name as it appears on your birth certificate then you must see a solicitor to complete part B of a statutory declaration unless you have other evidence noting this change e.g. a marriage certificate or deed poll certificate.

Certified copy of qualification certificate

You must provide a certified true photocopy of your qualification certificate. Please note the name on your certificate must be identical to the name on your birth certificate, the application form and proof of identity document(s) - word for word, letter for letter. If not, you will need to arrange for a solicitor to complete Part C of a statutory declaration. This document will not be returned to you and will be held on record by the GPhC.

Certified copy of academic transcript

You must provide a certified true photocopy of your academic transcript. An academic transcript is a document which lists the modules (courses) undertaken and results achieved in order to be awarded your qualification. Please note the name on your transcript must be identical to the name on your birth certificate, the application form and proof of identity document(s) - word for word, letter for letter. If not, you will need to arrange for a solicitor to complete Part C of a statutory declaration. This document will not be returned to you and will be held on record by the GPhC.

Certified copy of proof of identity/citizenship

You must send a certified true copy of your passport or national ID card, showing the photo page and the expiry date of the passport. Your passport must be valid and the copy certified as a true copy by either a notary or a solicitor (in exactly the same manner as the degree certificate). **Please do not send the original.** This document will not be returned to you and will be held on record by the GPhC.

The name on your identity document(s) must be identical to the name on your birth certificate, qualification certificate and Application form - word for word, letter for letter. If this is not the case, then you will need to arrange for a solicitor to complete part C of a statutory declaration or provide other supporting documents (e.g. marriage certificate).

Certified Marriage/Civil Partnership Certificate

This will apply to you if you wish to be registered in your married or civil partnership name. You must provide a certified true photocopy of your marriage/civil partnership certificate, this may be certified by a solicitor or notary. Please do not send the original. This document will not be returned to you and will be held on record by the GPhC.

Syllabus/curriculum

A syllabus is an outline and summary of topics to be covered in an education or training course. You should contact the educational facility where you completed your qualification to request a copy – it is a far more detailed document than the academic transcript and includes information about exactly what was covered in each subject you studied. The syllabus should then be used to complete the assessment framework and translated if required.

Please note you only need to translate the pages of the syllabus that you have referenced in your assessment framework. This includes module titles, module descriptions, cover pages and the contents page.

Letter of good standing/police clearance certificate

If 'pharmacy technician' is a regulated profession in the country in which you obtained your pharmacy technician qualification and/or in any country in which you have practised as a pharmacy technician;

- We require a letter confirming your good standing and eligibility to practise from the country in which you obtained your qualification and from any country in which you practised if this is different.
- This document must be sent direct to our office, by the regulatory/professional authority.
- The authority must confirm that you have not been the subject of any disciplinary proceedings and that there are no disciplinary proceedings pending against you.

If you have never been registered with a regulatory/professional authority or if the profession of a pharmacy technician is not regulated in your country of qualification you are required to provide an original extract of judicial record/police clearance certificate from the country in which you qualified and from each country in which you have worked as a pharmacy technician. The judicial record does not need to be sent directly to the General Pharmaceutical Council.

A letter of good standing or extract of judicial record/police clearance certificate must be provided for the country in which you qualified and if different for each country in which you have practised as a pharmacy technician or pharmacist in the last 5 years preceding this application for registration.

The letter or certificate should be issued no more than three months before the date that you apply.

All applicants that are required to submit a Letter of Good Standing must ensure that the regulatory body sends the document directly to the GPhC, we will not accept copies submitted by the applicant. If a translation is required we will email you a copy once we have your application.

Competency certificate *-This requirement applies to all applicants.*

You must arrange for the competent authority in your country of qualification (usually the Ministry of Health or Ministry of Education) to send the GPhC a certificate of competency. This **must** be sent direct from the issuer to the GPhC. The certificate must include:

- Name or title of your qualification
- Name of awarding institution
- The level of your qualification in relation to Article 11 of Directive 2005/36/EC
- That the qualification held entitles you to work as a pharmacy technician in that country

Applicants must ensure that the regulatory body sends the certificate of competency directly to the GPhC, we will not accept copies submitted by the applicant. If a translation is required we will email you a copy once we have your application.

Evidence of your English language skills

You are now required to provide evidence to show your knowledge of English with your application for registration.

There are different ways in which you may be able to demonstrate that you have the necessary knowledge of English to practise in Great Britain and this is reflected in the types of evidence we will accept. You are required to provide one of these three types of evidence:

1. A recent¹ pass of the academic version of International English Language testing System (IELTS)² test with an overall score of at least 7 and with no score less than 7 in each of the four areas of reading, writing, listening and speaking at one sitting of the test.
2. A recent³ pharmacy qualification that has been taught and examined in English in a majority English speaking country⁴ (other than the UK) (e.g. Ireland, United States of America, Australia, New Zealand).
3. Recent⁵ practice for at least two years as a pharmacy professional (Pharmacy Technician or Pharmacist) in a majority English speaking country.

If you choose option 3 you will be required to provide a detailed written reference from your pharmacy employer(s) as to your knowledge of English. As part of this reference your employer will be required to provide evidence of how you have demonstrated your ability in the four areas of reading, writing, listening and speaking in English while working as a pharmacy professional. A copy of the structured pharmacy employer reference to assess your knowledge of English is provided in Section 8 of the application form.

If you were required to pass an English language test before being permitted to register and practise as a pharmacy professional in another majority English speaking country then you can provide evidence of having passed such an English language assessment together with the structured employer reference.

The evidence you provide must demonstrate your competence in the four areas of:

- Reading
- Writing
- Listening and
- Speaking in English

and must:

- be recent – less than two years old at the point of your application, objective, independent and robust;
- clearly shows you can, read, write and communicate with patients, pharmacy service users, relatives and healthcare professionals in English; and
- be readily verifiable by us through contact with recognised higher education institutions, regulators or other official bodies.

Please see our [Guidance on evidence of English language skills](#) for further information.

¹ When we refer to 'recent' we mean evidence relating to the IELTS test that is less than 2 years old at the point of making an application to the GPhC.

² <http://www.ielts.org/>

³ When we refer to 'recent pharmacy qualification' we mean a pharmacy qualification that was awarded less than 2 years ago at the point of making an application to the GPhC.

⁴ The list of countries we accept is modelled on the UK Border Agency's list of 'majority English speaking countries' plus Ireland (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/340583/English_language_v11.0_EXT.pdf).

⁵ When we refer to 'recent practice' we mean practice that was completed less than 2 years ago at the point of making an application to the GPhC.

The easiest way to provide evidence of your English language skills is to take the academic version of the IELTS test and meet our minimum score requirements.

The IELTS result is valid for 2 years from the date of the test. Your IELTS result must be valid until your application is complete and considered for eligibility.

Please ensure that you request the IELTS test centre to send a result form to International applications General Pharmaceutical Council, 25 Canada Square, London E14 5LQ by using the appropriate section on the IELTS application form.

You may need an original test result form when you apply to other organisations and the GPhC will not give you the original IELTS result form provided by the test centre or return your own result form if we do not have a second original from the test centre.

If you have used a document other than your current passport as identification for the IELTS test you must include a certified copy of that document in your application.

To obtain further information about the IELTS see www.ielts.org. Detailed candidate information can be found here <https://www.ielts.org/~media/publications/information-for-candidates/ielts-information-for-candidates-2015-english-uk.ashx>

E - Do I need to complete a Statutory Declaration?

When submitting your registration documents, please bear in mind that the names on your birth certificate, degree certificate, proof of identity document(s) and application form must be identical in every way. That includes any middle names or initials you may have and any changes in spelling or order. If the names on these documents are not identical, you must see a solicitor and complete the relevant sections of a statutory declaration. Failure to do this will delay your registration.

If any of the following apply, you will need to arrange for a solicitor to complete a Statutory Declaration:

- You do not have a birth certificate or your birth certificate is not written in English
COMPLETE DECLARATION 'A'
- You want to register in a name other than that on your birth certificate/marriage certificate e.g. additional/dropped names or letters [The name you put on the statutory declaration should be identical to that which you put on your application form]
COMPLETE DECLARATION 'B'
- Names on your degree certificate or proof of identity document(s) are not identical in every way to those on your birth certificate and application form [All names must be identical: word for word, letter for letter and in the same order. Initials are not acceptable]
COMPLETE DECLARATION 'C'
- The registration date on the birth certificate is not within one year of the date of birth or is not shown
COMPLETE DECLARATION 'A'

F - What will delay the evaluation of my application?

Your application will be delayed if:

- You submit documents that are incomplete or incorrectly completed and they need to be returned to you for omissions/mistakes to be rectified
- You do not submit all of the required documents
- The information required is not on the documents submitted (e.g. no registration date on the birth certificate)
- Your documents have not been certified by an appropriate person, as specified in these guidelines
- You send in documents separately
- You have not arranged for the direct documents to be issued to the GPhC
- We cannot take payment using the payment details provided

End of guidance notes, the application form begins on the following page.

Registration as an EEA qualified pharmacy technician Application form

June 2017
Version 2.2

Notes to Applicants:

- Please complete in conjunction with guidance notes
- Please separate this application form from the attached guidance notes before sending
- Please do not put your application into individual plastic sleeves
- Please keep a copy of your application and supporting documents
- Please send application by traceable mail

Send your completed application to:

EEA Applications
Customer Services Team
General Pharmaceutical Council
25 Canada Square
LONDON
E14 5LQ

Application checklist

I have included in my application for registration (please tick):

- Fully completed application form
- Completed photo form and photograph
- Payment form with credit or debit card details. DO NOT SEND CASH OR CHEQUE
- Certified photocopy of qualification certificate
- Certified photocopy of academic transcript
- Syllabus (detailed summary of modules studied)) for your qualification
- Fully completed assessment framework
- Original extract of judicial record / police clearance certificate (if applicable)
- Certified photocopy of birth certificate (and/or statutory declaration if applicable)
- Certified photocopy of marriage certificate or civil partnership certificate (if applicable)
- Certified photocopy of passport or ID card
- Translations of all documents and certifications not in English
- CV
- References and job descriptions
- Evidence of English language proficiency
 - Evidence type 1 - original IELTS result form; **or**
 - Evidence type 2 - a recent pharmacy qualification that has been taught and examined in English in a majority English speaking country (other than the UK); **or**
 - Evidence type 3 - recent practice for at least two years as a pharmacy professional in a majority English speaking country together with completed structured pharmacy employer(s) reference form providing evidence to show your ability in the four areas of reading, writing, listening and speaking in English.

I have arranged for the following documents to be issued directly to the GPhC:

- A certificate of competency from the competent authority in your country of qualification
- Letter of good standing from your professional body (if applicable)

Please sign to indicate the above documents are included and correct, and that you have acknowledged the statement below.

- I have fully separated the guidance notes from application and have withheld them for my own records

Signature

Date

NOTE: YOU ARE NOT REGISTERED UNTIL YOU APPEAR ON THE REGISTER IF YOU DO NOT APPEAR ON THE REGISTER YOU CANNOT WORK AS A PHARMACY TECHNICIAN OR CALL YOURSELF A PHARMACY TECHNICIAN

1. Personal details

1.1 Title Mr Mrs Ms Miss Other (please state)

1.2 Surname(s)

1.3 Forename(s)

1.4 Date of birth This will be your registered name

1.5 Home Address

Postcode This will be your registered address

Country

1.6 Nationality

1.7 Home phone Work phone

Mobile

1.8 Email address

By providing an email address, you consent to the Council serving any documents required by its various statutory rules on you at that email address

2. Fitness to practise

2.1 Have you ever applied previously for registration with the Royal Pharmaceutical Society of Great Britain (RPSGB) or the General Pharmaceutical Council (GPhC), either as a pharmacy technician or as a pharmacist or undertaken preregistration training with the RPSGB or the GPhC?

Yes No

If you have answered 'yes' please provide your application, registration or preregistration number:

2.2 Are you currently or have you been registered with a UK statutory health regulatory body (any member body of the Council for Healthcare Regulatory Excellence) or a health regulatory body outside Great Britain.

Yes No

If you have answered 'yes' please give the details and provide a letter of good standing:

By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 and Schedule 4 of the Rehabilitation of Offenders Act 1974 (Exclusions and Exceptions) (Scotland) Order 2003, you are exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974. You are not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the Act, and failure to disclose such convictions could result in disciplinary action by the Council.

2.3 Has a determination ever been made against you by a regulatory body in the United Kingdom responsible under any enactment for the regulation of a health or social care profession to the effect that your fitness to practise as a member of a profession regulated by that body is impaired, or a determination by a regulatory body elsewhere to the same effect?

Yes No

2.4 Do you currently have any problems with your physical or mental health that may impair your ability to practise safely and effectively or which otherwise impairs your ability to carry out your duties in a safe and effective manner?

Yes No

2.5 Have you previously been convicted or cautioned for a criminal offence in the British Islands or elsewhere (which, if committed in England, Scotland or Wales would constitute a criminal offence) or have you previously agreed to be bound over to keep the peace by a Magistrates' court in England or Wales?

Please note that Road Traffic offences in which the person committing the offence has been offered the option of paying a fixed penalty (e.g. certain speeding offences etc) will not be treated as a conviction for the purposes of registration and need not be declared.

Yes No

2.6 Have you previously agreed to pay a penalty under section 115A of the Social Security Administration Act 1992 (penalty as alternative to prosecution)?

Yes No

2.7 Are you currently under investigation by any regulatory body (other than the GPhC) or criminal enforcement authority (e.g. police or NHS Counter Fraud Service) in the British Islands or elsewhere?

Yes No

2.8 Have you previously accepted a conditional offer under section 302 of the Criminal Procedure (Scotland) Act 1995 (fixed penalty: conditional offer by procurator fiscal) or have you previously been subject to an order under section 246(2) or (3) of the Criminal Procedure (Scotland) Act 1995 discharging you absolutely (admonition and absolute discharge)?

Yes No

2.9 Have you previously been included by the Independent Safeguarding Authority (also known as the Independent Barring Board) barred list (in England, Wales or Northern Ireland) or the children's list or adult's list maintained by the Scottish Ministers?

Yes No

2.10 Are you currently, or have you ever been, under investigation by any regulatory body (other than the GPhC) or criminal enforcement authority (e.g. police or NHS Counter Fraud Service) in the British Islands or elsewhere?

Yes No

2.11 Are you currently, or have you ever been, the subject of Fitness to Practise proceedings from your academic institution or the subject of disciplinary proceedings during any training placement or employment that resulted in a sanction of suspension or dismissal in the British Islands or elsewhere?

Yes No

If you have answered **yes** to any of these questions please provide details on the [Something to Declare](#) form. A copy of this form is available from our website www.pharmacyregulation.org

3. Education and training

Please provide evidence of qualification (s) and/or professional experience. If you have additional relevant qualifications, please provide further details on a separate sheet of paper. This is recommended as this could affect the assessment of your application by the GPhC's evaluators. All qualifications must be accompanied by a detailed syllabus (curriculum) and an academic transcript.

3.1 Title of qualification

3.2 Name and address of awarding institution

3.3 Country

3.4 Date started (month and year)

3.5 Date awarded (month and year)

3.6 Mode of study (full-time, part-time)

3.7 If your training included any periods of mandatory work experience, please provide details

4. Career history

Applicants should provide their full career history as a pharmacy technician and student technician starting with their most recent role.

4.1 Most recent job title

4.2 Name and address of organisation

4.3 Hours worked per week

4.4 Start date (dd/mm/yyyy)

4.5 End date (dd/mm/yyyy)

4.6 Main responsibilities / duties – please provide job description

4.7 Name and job title of most recent line manager / supervising pharmacist

4.8 Contact number of most recent line manager / supervising pharmacist

Career history - Continued

Job title

Name and address of organisation

Hours worked per week

Start date (dd/mm/yyyy)

End date (dd/mm/yyyy)

Main responsibilities / duties – please provide job description

Name and job title of most recent line manager / supervising pharmacist

Contact number of most recent line manager / supervising pharmacist

4. Career history - Continued

Job title

Name and address of organisation

Hours worked per week

Start date (dd/mm/yyyy)

End date (dd/mm/yyyy)

Main responsibilities / duties – please provide job description

Name and job title of most recent line manager / supervising pharmacist

Contact number of most recent line manager / supervising pharmacist

5. Declaration by applicant

I declare that

- 5.1 I am applying for registration in Part 2 of the Register and that, in accordance with Article 20(3) of the Pharmacy Order 2010, I intend to practise as a pharmacy technician in Great Britain, the Channel Islands or the Isle of Man.
- 5.2 The information that I have provided in this form and in any supporting documents is complete, true and accurate. I am also aware that I am under a duty to notify the Registrar of any changes to my name, home address or other contact details within one month starting on the day on which the change occurred.
- 5.3 I am not aware of any investigation by any enforcement or regulatory body, or proceedings brought by such a body that relates to my fitness to practise, or of any act or omission on my part that might render me liable to an allegation being referred to the Council that my fitness to practise is impaired
- 5.4 I will adhere to the standards for pharmacy professionals and performance and continuing professional development published by the General Pharmaceutical Council.
- 5.5 I have in place, or will have by the time I start to practise, appropriate cover under an indemnity arrangement that complies with Article 32 of the Pharmacy Order. Appropriate cover under an indemnity arrangement means cover against liabilities that may be incurred which is appropriate, having regard to the nature and extent of the risks associated with my scope of practice.
- 5.6 I am under a duty to notify the Registrar if there is any change in the circumstances relating to the fitness to practise declaration that I have made in Section 4 within 7 days starting on the day on which the event occurred.

I understand that

- 5.7 If I am found to have given false or misleading information in connection with my application for registration, this may be treated as misconduct, which may result in my removal from the Register.

Signature

Date

Data protection statement

The GPhC is a data controller registered with the Information Commissioner's Office. The GPhC makes use of personal data to support its work as the regulatory body for pharmacists, pharmacy technicians and retail pharmacy premises in Great Britain. We may process your personal data for purposes including updating the register, administering and maintaining registration, processing complaints and compiling statistics.

The GPhC will not share your personal data on a commercial basis with any third party. We may share your data with third parties to meet the GPhC's statutory aims, objectives, powers and responsibilities under the Pharmacy Order 2010, the rules made under the Order and other legislation. We may pass information to organisations with a legitimate interest including other regulatory and enforcement authorities, NHS trusts, employers and Department of Health. We may also share information with universities and research institutions for the purpose of research. We will publish pharmacists' and pharmacy technicians' fitness to practise records on our website as described in the [Publication and Disclosure Policy](#).

6. Photograph certification

This section must be completed by the person who signs the back of the photograph.

Staple your certified photograph here

Example of what to write on the back of the photograph when certifying it

I certify this is a true likeness of
(applicant's full name and title)

(Signature of certifying person and date)

Name

Address

Occupation

Phone

Email address

By countersigning this application, you agree that the GPhC may contact you to verify the information that you have provided.

I declare that I have signed the photograph attached and that I have known:

For

Years and the information I have provided is correct.

Signature of counter signatory

Date

7. Equality monitoring

What is your ethnic group? (Please tick one)

White

British Irish Other

Black or Black British

Caribbean African Other

Mixed

White and Black Caribbean White and Black African
White and Asian Other Mixed (please specify)

Asian or Asian British

Indian Pakistani
Bangladeshi Chinese

Other ethnic group Other Asian (please specify)

If other please specify

What is your gender?

Male Female Other

What is your religion?

None Christian Buddhist Hindu
Jewish Muslim Sikh Other

If other please specify

Do you consider that you have a disability?

Yes No

8. Structured pharmacy employer/tutor reference to assess knowledge of English (only to be completed if [option 3](#) has been chosen to demonstrate your English language proficiency)

It is a requirement that applicants provide evidence to demonstrate their knowledge of English as part of their application. To enable us to effectively assess this applicant's English language skills, please fill out this form in as much detail as possible. By completing this form you are confirming that at least 75% of the applicant's day to day interaction with patients, carers, their families and other healthcare professionals in your employment or under your supervision has been in English.

You must provide examples to illustrate how each of the four skills of speaking, listening, writing and reading has been demonstrated, or the form will not be accepted.

Applicant's full name	
About the employer referee:	
Name	
Occupation	
Place of employment	
Are you registered with the GPhC	Yes/No – If 'yes' your GPhC registration number
Are you registered with another UK or an overseas healthcare regulator	Yes/No – If 'yes' Name of regulator: Registration number:
Relationship to applicant (e.g. employer, tutor)	
Dates of employment/supervision:	From (dd/mm/yy) To (dd/mm/yy)
Type of employment/work under supervision	Full time Part time
Telephone number	
Email address - this should be an official work email address not a webmail address such as. Gmail	
About the applicant's English language skills:	
Does the applicant have the knowledge of English necessary for safe and effective pharmacy practise in Great Britain?	Yes No
If you have answered no, please provide reasons	

Speaking skills

<p>Please tick which evidence you have witnessed and explain how the applicant has demonstrated their knowledge of English in this area. You may be asked to provide evidence of this. If only the boxes are ticked the form will not be accepted.</p>	
Case presentation	
Speaking with patients and carers	
Speaking with pharmacy colleagues and other healthcare professionals	
Other	

Listening skills

<p>Please tick which evidence you have witnessed and explain how the applicant has demonstrated their knowledge of English in this area. You may be asked to provide evidence of this. If only the boxes are ticked the form will not be accepted.</p>	
Attendance at lectures/presentations	
Discussions with patients and carers	
Discussions with pharmacy colleagues and other healthcare professionals	
Effective taking of patient histories	
Other	

Writing skills

Please tick which evidence you have witnessed and explain how the applicant has demonstrated their knowledge of English in this area. You may be asked to provide evidence of this. If only the boxes are ticked the form will not be accepted.

Written advice to patients and carers	
Written advice/information for pharmacy colleagues or other healthcare professionals	
Journal articles/reviews	
Critical incident reports, audits	
Standard operating procedures	
Other	

Reading skills

Please tick which evidence you have witnessed and explain how the applicant has demonstrated their knowledge of English in this area. You may be asked to provide evidence of this. If only the boxes are ticked the form will not be accepted.

Summary of Product Characteristics	
Standard Operating Procedures	
Patient medical records	
Other	

Declaration

The information I have provided in this reference is correct and true.

I agree to the GPhC to carry out checks, including checks to verify the information I have given and to the recipient of these enquiries to provide the information requested.

Signature:	Date:
Name:	Official stamp:
Name and address of organisation:	

Return the form to:

EEA Applications

General Pharmaceutical Council

25 Canada Square

London

E14 5LQ

Tel: Customer Contact Centre: 0203 713 8000

Email: international@pharmacyregulation.org

9. Payment form

Payment form to register as an EEA Qualified Pharmacy Technician

Name of applicant:

Please charge this card with the sum of:

£307.00

(£106.00 Application fee + £201.00 Scrutiny fee)

Please indicate whether you are paying by:

Debit card

Credit card

(Payment by credit card will incur a surcharge of 2%)

Type of card (Please tick one)

MasterCard

Visa

Visa Purchasing

Visa Delta

Card Number (insert exact amount of digits in your card number only):

CSC
number:

(The last 3 digits on the back of your card)

Valid From
Date:

Expiry Date:

Issue Number:

If your card does not have an issue number please enter 'NA' in the boxes

Name of Cardholder
(as it appears on card):

Address of account
holder

Signature:

Date:

For office use only

10. Assessment framework

	Subject Description	Applicant's assessment			Assessor's assessment (GPHC use only)		
		Yes	No	Please state the module/course code and syllabus page number where this is covered	Yes	No	Please state the module/course code where this is covered
1	Chemistry to include: The structure and classification of inorganic chemicals, nuclear and electronic structure of atoms, periodic table, chemical bonding.						
2	The principles of chemical reaction including the various unit used in science, solution properties, pH.						
3	The principles and processes by which chemicals react, chemical and molar quantities, balanced equations for chemical reactions.						
4	The basic structure and function of biological chemicals, water, carbohydrates, fats and proteins, nucleic acids, enzymes.						
5	Microbiology to include: Structure, function and classification of micro-organisms.						

Registration as an EEA pharmacy technician

Guidance and application form

November 2016

Version 2.0

	Subject Description	Applicant's assessment			Assessor's assessment (GPHC use only)		
		Yes	No	Please state the module/course code and syllabus page number where this is covered	Yes	No	Please state the module/course code where this is covered
6	Structure of bacteria, fungi, viruses and protozoa, Prokaryotic and eukaryotic cells, growth and reproduction of micro-organisms						
7	Pathogens and the transmission of infections, infectious diseases, pathogenic micro-organisms, routes of transmission, modes of transmission						
8	Control of micro-organisms in the daily working environment: basic principles of hygiene, contamination, cross contamination and spoilage of medicines, control of hospital acquired infections, sterilisation, disinfection, antimicrobial agents.						
9	<p>Biology, human physiology and action and uses of medicines and other pharmaceutical products to include:</p> <p>Structure and function of cells and tissues, cells in the body, epithelial tissue, connective tissue, muscle tissue, nerve tissue, blood.</p>						

Registration as an EEA pharmacy technician

Guidance and application form

November 2016

Version 2.0

	Subject Description	Applicant's assessment			Assessor's assessment (GPHC use only)		
		Yes	No	Please state the module/course code and syllabus page number where this is covered	Yes	No	Please state the module/course code where this is covered
10	Structure and function of major organs and body systems, digestive, circulatory, lymphatic, respiratory, nervous, endocrine, reproduction and foetal development, musculoskeletal, urinary, skin, ear, eye, oropharynx.						
11	Regulation of body systems, nutrition, metabolism and excretion, homeostasis and homeostatic disorders including hormone related disorders, the defence mechanisms in the human body.						
12	General action and use of medicines, nature and causes of diseases, medical terms relevant to medical treatments, drug administration, absorption, delivery metabolism and excretion, pharmacodynamics, interactions and adverse drug reactions.						
13	Actions and uses of drugs in the treatment of various body systems and clinical conditions.						

Registration as an EEA pharmacy technician

Guidance and application form

November 2016

Version 2.0

	Subject Description	Applicant's assessment			Assessor's assessment (GPHC use only)		
		Yes	No	Please state the module/course code and syllabus page number where this is covered	Yes	No	Please state the module/course code where this is covered
14	Gastro-intestinal system, cardiovascular system, respiratory system, central nervous system, infections, endocrine drugs, obstetrics, gynaecology and urinary tract infections, malignant disease and immunosuppression, nutrition and blood, musculoskeletal and joint disorders, eye, ear, nose and oropharynx, skin, immunological products and vaccines, anaesthesia.						
15	Appliances, dressings and other products, wound dressings, bandages and adhesives, elastic hosiery, ostomy products, inhalers and other devices.						
16	Interpersonal skills to include: Customers in pharmacy, range of customers including all service users, colleagues as customers.						
17	Communication, principles of good communication, identification of customer needs, appropriate responses to different types of customer and different needs, handling complaints, dealing with conflict, confidentiality issues						

	Subject Description	Applicant's assessment			Assessor's assessment (GPHC use only)		
		Yes	No	Please state the module/course code and syllabus page number where this is covered	Yes	No	Please state the module/course code where this is covered
18	Team working, the principles of effective team working, styles of interaction between team members, handling problem relationships within teams						
19	Supporting learning, different learning styles, learning environment, instructional techniques, structuring demonstrations						
20	Reflective practice, identifying development opportunities to improve practice, learning from successful interventions, learning from errors, critical incidents and enquiries into serious failings, recording CPD.						
21	Provision of information and advice on medicines, medicine usage and adverse effects, medicines storage, patient information leaflets, devices and sundry items, sources of information on medicines and their use, supporting concordance.						

	Subject Description	Applicant's assessment			Assessor's assessment (GPHC use only)		
		Yes	No	Please state the module/course code and syllabus page number where this is covered	Yes	No	Please state the module/course code where this is covered
22	Correct procedures for the sale of supply of OTC medicines, pharmacy protocol, classes of medicines, questions to be asked before recommending or referring, provision of information.						
23	Public health, healthy eating and lifestyles, health promotion in the pharmacy, health protection, disease prevention.						
24	Preparation for review of medicines taken by an individual, purposes of reviewing an individual's medicines, national and local guidelines and policies, issues that affect how people take medicines, creating and maintain accurate records.						

	Subject Description	Applicant's assessment			Assessor's assessment (GPHC use only)		
		Yes	No	Please state the module/course code and syllabus page number where this is covered	Yes	No	Please state the module/course code where this is covered
25	Dispensing procedures and practices to include: Prescription handling and assembly, principles and practices for dispensing, including organisational policies.						
26	The importance and use of standard operating procedures (SOPs), prescription receipt and collection, reading and interpretation of prescriptions, types of check on a prescription, causes and consequences of near misses and dispensing errors, in-process accuracy checking, error recording and record keeping.						
27	Calculation, weighing and measuring techniques, percentages, dilutions, displacement values, weight per ml etc						
28	Dosage calculations based on age, weight, surface area and blood volume, weighing and measuring equipment.						

	Subject Description	Applicant's assessment			Assessor's assessment (GPHC use only)		
		Yes	No	Please state the module/course code and syllabus page number where this is covered	Yes	No	Please state the module/course code where this is covered
29	Procedures for weighing and measuring, metric system and the SI units, calculating ingredient quantities required for medicine preparation, quantity of medicines to be supplied on prescription based on the number of prescribed doses and time intervals.						
30	Medicine formulation, types of water used in pharmaceutical products, forms of pharmaceutical products and their properties.						
31	Pharmaceutical techniques including mixing, comminution, filtration, clarification, sieving, microbial aspects of medicines formulation, physical and chemical properties of medicines.						
32	Vehicles and excipients, routes of administration of medicines, packing materials and containers, stability of medicines and the factors that affect stability.						

	Subject Description	Applicant's assessment			Assessor's assessment (GPHC use only)		
		Yes	No	Please state the module/course code and syllabus page number where this is covered	Yes	No	Please state the module/course code where this is covered
33	Preparation of pharmaceutical products, equipment used in the dispensing of medicines, preparation of a range of dispensed medicines in common use.						
34	Processes for dilutions and reconstitutions, labelling of dispensed medicines including additional labelling, storage of medicines during stock rotation, robotics, record keeping.						
35	Ordering, receiving, disposal and return of stock, storage requirements for stock, branded and generic medicines, stock control, procedures for dealing with breakages/spillages of materials, stock rotation and dealing with expiry of stock items, returns and disposal of stock.						

	Subject Description	Applicant's assessment			Assessor's assessment (GPHC use only)		
		Yes	No	Please state the module/course code and syllabus page number where this is covered	Yes	No	Please state the module/course code where this is covered
36	Services provided outside of the pharmacy, supply of medicines to residential and nursing homes, provision of monitored dosage system (MDS), national and local regulations and policies regarding supply of medicine, storage of medicines in residential and nursing homes.						
37	<p>UK Pharmacy law and ethics to include:</p> <p>UK Legislation relating to medicines, sale and supply of medicines (Medicines Act), classes of medicines, Patient Group Directions, prescribing conventions and abbreviations.</p>						
38	Prescriptions, prescription charges and exemptions, electronic prescribing, misuse of drugs, poisons, denatured alcohol, supply of veterinary medicines, NHS regulations, UK licensing of medicines, supply of unlicensed medicines, and disposal of waste and unused medicines.						

Registration as an EEA pharmacy technician

Guidance and application form

November 2016

Version 2.0

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		Yes	No	Please state the module/course code and syllabus page number where this is covered	Yes	No	Please state the module/course code where this is covered
39	The Drug Tariff, payment for supply of medicines, allowable products, endorsing of prescriptions.						
40	Ordering, receiving, disposal and return of stock, storage requirements for stock, branded and generic medicines, stock control, procedures for dealing with breakages/spillages of materials, stock rotation and dealing with expiry of stock items, returns and disposal of stock.						
41	UK Legislation affecting pharmacy, responsible pharmacist, supervision, provision of service in the absence of a pharmacist, provision of service in a pandemic or other national emergency, legal and ethical requirements for confidentiality, trade descriptions.						
42	UK legislation relating to consumer protection, weights and measures, data protection, hazardous substances, health and safety, equality and diversity, adult and child protection, freedom of information.						

Registration as an EEA pharmacy technician

Guidance and application form

November 2016

Version 2.0

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		Yes	No	Please state the module/course code and syllabus page number where this is covered	Yes	No	Please state the module/course code where this is covered
43	Structure and function of organisations affecting pharmacy, pharmacy regulatory and professional bodies, other organisations within pharmacy in the UK, the National Health Service.						
44	Regulation of pharmacy technicians in the UK, working as a professional, codes of conduct and ethics, continuing professional development, fitness to practice, registration.						
45	Roles in pharmacy and health, roles undertaken by pharmacists, pharmacy technicians and other pharmacy support staff groups, roles of other health care professionals, types of prescribers in the UK.						

	Subject Description	Applicant's assessment			Assessor's assessment (GPHC use only)		
		Yes	No	Please state the module/course code and syllabus page number where this is covered	Yes	No	Please state the module/course code where this is covered
46	Factors affecting standards within pharmacy and pharmacies, clinical governance, audit and quality improvement, risk assessment and management, standard operating procedures.						
47	Pharmaceutical production and aseptic procedures to include: Legislation and guidelines controlling small scale pharmaceutical production, health and safety, hazardous substances, good manufacturing practice.						
48	Licensed and unlicensed units, recognised guidelines relating to manufacture, recognised guidelines for aseptic preparation, various quality assurance (QA) documentation, SOPs, error reduction polices and strategies.						
49	Environment and equipment for small scale pharmaceutical production, hygienic considerations for the manufacturing unit, equipment and personnel.						

Registration as an EEA pharmacy technician

Guidance and application form

November 2016

Version 2.0

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		Yes	No	Please state the module/course code and syllabus page number where this is covered	Yes	No	Please state the module/course code where this is covered
50	Environmental monitoring, design production units including aseptic units, maintenance of the production unit including the building, fixtures and fittings, maintenance of equipment, protective clothing and equipment.						
51	Manufacturing processes, methods used in manufacture of non-sterile products, methods used in manufacture of sterile products, methods used in the manufacture of biopharmaceuticals						
52	Relevant documentation including worksheets, SOPs including labelling and packaging, methods of disinfection and sterilisation, storage of product, distribution procedures, transportation procedures, safe disposal of waste materials.						
53	Quality control and assurance, pharmaceutical materials, formulated products, testing procedures including microbiological testing e.g. sterility testing, pyrogens						

Registration as an EEA pharmacy technician

Guidance and application form

November 2016

Version 2.0

	Subject Description	Applicant's assessment			Assessor's assessment (GPHC use only)		
		Yes	No	Please state the module/course code and syllabus page number where this is covered	Yes	No	Please state the module/course code where this is covered
54	Quality assurance, standards associated with the manufacturing process, validation and records, audit of the manufacturing process, total quality management (TQM), quarantine of the product.						
55	Clinical trials, types of trial, design of trial, phases.						
56	Aseptic preparation of pharmaceutical products including cytotoxic preparation, CIVAS and a range of products.						
57	Cytotoxic products, intrathecal products, radiopharmaceuticals, total parenteral nutrition, monoclonal antibodies, methods used for the aseptic preparation and dispensing of pharmaceutical products.						
58	Disposal of waste materials, packaging, labelling and transportation of cytotoxic materials.						
59	Information technology						

	Subject Description	Applicant's assessment			Assessor's assessment (GPHC use only)		
		Yes	No	Please state the module/course code or supervised training /employment where this is covered. If covered in training/employment please provide an assessment from supervisor/employer of your performance against the relevant standard	Yes	No	Please state the module/course code where this is covered
60	National Occupational Standards (NOS) to include: Provide an effective and responsive pharmacy service						
61	Process pharmaceutical queries						
62	Make sure your own actions reduce risks to health and safety.						
63	Reflect on and develop their practice.						
64	Receive prescriptions from individuals, confirm prescription validity						

Registration as an EEA pharmacy technician

Guidance and application form

November 2016

Version 2.0

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		Yes	No	Please state the module/course code or supervised training /employment where this is covered. If covered in training/employment please provide an assessment from supervisor/employer of your performance against the relevant standard	Yes	No	Please state the module/course code where this is covered
65	Assemble and issue prescribed items						
66	Prepare extemporaneous medicines for individual use						
67	Order, receive, maintain, and issue pharmaceutical stock						
68	Undertake an in-process accuracy check of assembled prescribed items, prior to final check						