**General Pharmaceutical Council**

**Education and training concerns form**

We will use the information you give on this form to decide whether we can investigate your concern about the quality of pharmacy education and training. Before you fill in this form please [check our website](https://www.pharmacyregulation.org/raising-concerns-about-pharmacy-education-and-training) to make sure we can deal with the issues you are concerned about, and that you understand how we deal with concerns and what this involves.

Please give as much information as you can. It will allow us to decide how best to deal with your concern.

If your concern is about the fitness to practise of an individual pharmacist or pharmacy technician, please [raise it](https://www.pharmacyregulation.org/raising-concerns) [here](https://www.pharmacyregulation.org/raising-concerns).

If you are a pharmacy professional raising concerns about someone or something at your place of work, please read our [Guidance on raising concerns](http://www.pharmacyregulation.org/sites/default/files/GPHC%20Guidance%20on%20raising%20concerns.pdf).

1. **Your details**

|  |  |
| --- | --- |
| **Name** |  |
| **GPhC registration or pre-registration number (if you have one)** |  |
| **Address** |  |
| **Phone number** |  |
| **Email address** |  |
| **How are/were you involved with the education or training provider or programme of study?** | - Select - |

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| --- | --- |
| **Have you raised this concern with the GPhC before? If so, what was your reference number?** | **Yes  No**  If ‘Yes’, please give the reference number if you have it  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

1. **Details of the education or training provider**

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| **Name of the education or training provider(s)** |  |
| **Name of the accredited or approved pharmacy course (if this applies)** |  |

|  |  |
| --- | --- |
| **Name and address of the approved pre-registration training premises (if this applies)** |  |

1. **Details of your concern**

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| **Please give a summary of your concern** |
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| **Have you raised this already with someone other than the GPhC?**  **Yes  No** |

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| **If ‘Yes’, who did you raise it with and what was the outcome?** |
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1. **Your communication preferences**

We will usually contact you by email. If you have any specific communication needs please tell us below.

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| **Do you have any specific communication needs? Yes**  **No** |

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| **If ‘Yes’, please give details below** |
|  |

1. **Supporting information**

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| **Have you attached or enclosed any documents?**  **Yes**  **No** |

If ‘Yes’, please list them below and attach copies of any supporting documents to your email.

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| **Supporting documents** |
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**Consent for the GPhC to investigate your concern**

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| * We will always tell you if we are going to disclose your information. * We will disclose only the information we need to: * for us to continue with an investigation * if it is in the public interest, or * if the law says we must. * We will not disclose your contact details, such as your address or phone number, to the person or organisation you are raising a concern about.   Please tick the box and sign and date below, to confirm the following:   * I understand that the GPhC will decide whether my concern can be investigated. * I understand that in raising this concern, I may be identifiable to the person(s) or organisation(s) I am concerned about. * So that it can investigate my concern efficiently and effectively, the GPhC has my consent to disclose details of my concern to: the relevant employer, education or training provider; contracting bodies; and other agencies or public bodies.   Please tick the box below if you consent to the GPhC’s disclosing information, as explained above .  Even if you do not give your consent, we will still consider the concern you have raised. If you withdraw your consent later we will still look to see if we can carry on with our investigation.  **Important**: we are unlikely to be able to fully investigate your concern without your consent and co-operation. |

**Name: Date:**

Once you have filled in this form, please email it to: [educationconcerns@pharmacyregulation.org](mailto:educationconcerns@pharmacyregulation.org)

or post it to:

Education concerns

C/o The Education Team

General Pharmaceutical Council

25 Canada Square

London

E14 5LQ