

Application for return to registration for persons previously registered with the RPSGB or GPhC

May 2013

Application check list

Please arrange for all relevant Certificates of Current Professional Status (Letters of Good Standing) (if applicable) to be sent directly from the relevant competent authorities to the Customer Services Team at the GPhC

Before submitting your application for return to registration please check that all sections of the form have been fully completed and that you have enclosed the following:

- A full CV since last registration with either the RPSGB or GPhC
- A personal statement as described in the guidance
- All relevant supporting evidence as described in the guidance
- A self-evaluation of how your learning and practice has prepared you for your intended scope of practice
- A completed self-assessment of your proposed practice against the GPhC's standards of conduct, ethics and performance - to be found in appendix 1 in the Guidance
- A personal development plan

1. Personal Details

1.1	Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Other (please state) <input type="text"/>
1.2	Surname(s)	<input type="text"/>				
1.3	Forename(s)	<input type="text"/>				
1.4	Date of birth	<input type="text"/>	This will be your registered name			
1.5	Home Address	<input type="text"/>				
	Postcode	<input type="text"/>	This will be your registered address			
	Country	<input type="text"/>				
1.6	Nationality	<input type="text"/>				
1.7	Home phone	<input type="text"/>	Work phone	<input type="text"/>		
	Mobile	<input type="text"/>				
1.8	Email address	<input type="text"/>				
	Please note – If you provide an e-mail address we will use this for all future communications with you unless you indicate that you wish to opt out of receiving all communication from the GPhC via this e-mail.					
	Please tick if you DO NOT wish the GPhC to send all future communication (including renewal notices) to this e-mail address <input type="checkbox"/>					
1.9	Previous RPSGB or GPhC Registration number	<input type="text"/>				

2. Details of Pharmacy qualifications

2.1	Awarding body / Higher Education Institute where qualification was attained	<input type="text"/>	Year attained	<input type="text"/>	
2.2	Country where qualification awarded	<input type="text"/>	<input type="text"/>		
2.3	Title of qualification	<input type="text"/>			
2.4	Awarding body / Higher Education Institute where qualification was attained	<input type="text"/>	Year attained	<input type="text"/>	
2.5	Country where qualification awarded	<input type="text"/>	<input type="text"/>		
2.6	Title of qualification	<input type="text"/>			

Please continue on a separate sheet of paper if you have more than 2 relevant pharmacy qualifications. See guidance notes

3. Supporting information

3.1 Reasons for leaving the RPSGB or GPhC register

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3.2 Details of your previous pharmacy employment when you were last registered with the RPSGB or GPhC

Name and address of employing organization	Role undertaken	From	To

3.3 If you were working either as another type of healthcare professional in Great Britain or elsewhere or working as a pharmacy professional outside Great Britain please provide details of that employment here

Name and address of employing organization	Country	Role undertaken	From	To

3.4

Registration with other bodies

Are you currently or have you previously been registered with any 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' to question 3.4 please give details and provide a letter of good standing or certificate of current professional status from that authority. Please note that this document must be issued no more than 3 months prior to the date of your application and must be sent directly from the authority to the GPhC.

Name of body

Country

Registration number

If you are registered (or have been registered in the preceding 5 years with more than one body) please provide details on a separate sheet.

Please note If you have practiced outside GB we require a certificate of current professional status (sometimes referred to as a letter of good standing) from the appropriate regulatory authority in every country in which you have practiced in the 5 years immediately preceding the date of your application.

3.5 Please indicate intended scope of practice when re-registered

Area of intended practice:

Full details of proposed role:

4. Fitness to practise

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.

4.1 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

4.2 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

4.3 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? Yes No

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 in the Register and need not be declared).

4.4 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

4.5 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

4.6 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

4.7 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

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

5. Declaration by applicant

I declare that

5.1 I declare that I have not worked as a pharmacist/pharmacy technician (please delete as appropriate) in Great Britain whilst not registered in the appropriate part of the RPSGB or GPhC register, other than any occasions known and investigated by the GPhC.

5.2 I am applying for registration in Part 1 of the Register and that, in accordance with Article 20(3) of the Pharmacy Order 2010, I intend to practise as a pharmacist in Great Britain, the Channel Islands or the Isle of Man. Please tick if applicable

or

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. Please tick if applicable

I have previously been registered with the RPSGB or the GPhC and to demonstrate my current professional competence I enclose a portfolio of evidence.

5.3 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.

5.4 I will adhere to the standards relating to conduct, ethics and performance and continuing professional development published by the General Pharmaceutical Council.

5.5 I have in place appropriate indemnity arrangements.

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

6. Declaration by GPhC registered countersigning pharmacist or pharmacy technician

6.1 I declare that I have known the applicant for _____ in the capacity of _____ and to the best of my knowledge, the information given in this application and in any supporting documents is full and accurate and relates to the applicant, and I know of no reason why this person should not be registered. I confirm that the applicant is not immediately related to me.

Name

Registration number

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. Data may be shared with third parties in pursuance of the GPhC's statutory aims, objectives, powers and responsibilities under the Pharmacy Order 2010, the rules made under the Order and other legislation. Personal data may be processed for purposes including (but not limited to) updating the register, administering and maintaining registration, processing complaints and compiling statistics. Information may be passed to organisations with a legitimate interest including (but not limited to) other regulatory and enforcement authorities, NHS trusts, employers, Department of Health, universities and research institutions. Please note that the GPhC will not share your personal data on a commercial basis with any third party.

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 Other Asian (please specify)

Other ethnic group

If other please specify

What is your gender?

Please tick one

Male Female

What is your sexual orientation?

Please tick one

Heterosexual Lesbian / Gay Bisexual

What is your religion?

Please tick one

None Christian Buddhist Hindu

Jewish Muslim Sikh Other

If other please specify

Do you consider that you have a disability?

Please tick one

Yes No

