

## Applying to restore your register entry as a pharmacist or pharmacy technician

### Guidance on completing your application

To be able to practise as a pharmacist or pharmacy technician (a 'pharmacy professional') in Great Britain, you must satisfy us that you meet the relevant criteria for registration. This is to make sure that patients can have confidence that the individuals who appear on our register are fully qualified and meet all our standards.

If you want to re-join the register to practise as a pharmacy professional and it has been **less than 12** months since you were last registered, complete this application form. We will use the information you provide to assess if you meet the relevant criteria for registration.

Please read this guidance carefully to help make sure that you provide all the information we need, in the correct format. You can find out more about what information we hold, how we look after it and how we use it in our privacy policy on our main website, and also on myGPhC.

Once we receive your application, we will assess the information you provide in your form to make sure it is complete. We will take payment of your application, which covers the processing of your application and is non-refundable, even if your application is not successful. See section 5 to see which application fee applies to you. We will also take payment of the re-re-entry fee.

We will let you know via email using the details you have given us through myGPhC if your application is accepted or refused, or if we need you to provide more information. If we have to request missing information more than once, we will charge you an administration fee of £50.

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### 1. Completing this application

You can complete this form electronically using Adobe Acrobat. Activate the 'Fill & Sign' functionality by clicking on the pen icon in the Adobe toolbar, so that you can complete the form using the text, checkbox and signature options. You can [find out more about using Fill & Sign on the Adobe website](#).

You can also print this form, fill it in by hand, and send us a PDF scanned copy.

### 2. The outcome of your application

**If your application is successful**, we will send you an email confirming that your application is approved. Do not practise as a pharmacy professional until you have received this email **and** your name appears on the online register. Practising as a pharmacist or pharmacy technician while not on the register is breaking the law and you can be prosecuted.

**If your application is unsuccessful**, we will let you know by email. We will send you a 'notice of decision' letter which explains the reasons for our decision, and your options at this point. If you want to reapply to re-join the register, you will have to submit another application and pay another fee.

### 3. Outstanding revalidation records

If you had revalidation records outstanding at the time of your removal, you **must** complete these before you can re-join the register.

In most cases, you submit these through MyGPhC. If not, you should write your records using the downloadable templates available in revalidation section of our website, and submit them with your application.

### 4. Registration with other healthcare regulators

If you are currently, or have been registered with any other healthcare regulator in the UK or overseas, during the last five years then you must provide a certificate of current professional status. This is sometimes called a 'letter of good standing'. You will need to contact the organisation and request this to be sent directly to us. We may check the information on this document with the organisation who issued it. If it is not in English, we will send it to you to be translated. We must receive the document within three months of the date it is issued. It is valid for six months from the issue date.

### 5. Knowledge of English language requirements

We need to check that the pharmacy professionals returning to the register have sufficient English language competence to practise safely and effectively. This requirement is set out in the Health Care and Associated Professions (Knowledge of English) Order 2015.

#### Applicants with a UK qualification (including an OSPAP)

If you completed pharmacy qualifications in the UK to register for the first time, this is usually sufficient evidence to show that you meet the requirement. This includes pharmacists who completed an overseas pharmacists' assessment programme (OSPAP). As you satisfied our English language requirements when you first registered, you do not need to provide this again as part of this application.

However, we may ask you to provide further evidence of your English language competency if your application shows that your competency level may have dropped - if you have not been living or practising in an English-speaking country for several years, for instance.

Once we have received and checked your application, we will contact you if we feel it is necessary to ask you for additional evidence of your English language competency. You can find out more about how we decide if we need to ask for evidence in our guidance on evidence of English language skills, which is available on our website.

### EEA qualified applicants

If you first joined the register on or after 1 November 2016, you should have already provided evidence of your English language competence as part of your first application, so you do not need to provide this again now.

If you first joined the register before 1 November 2016, and have not provided evidence before, you will need to include it with this application. Download the *Providing evidence of English language skills* guidance pack to find out what how to provide evidence.

## 6. Application fees

You must pay two fees as part of your application.

The first is an application fee. The amount depends on the way you left the register, and if you are a pharmacist or pharmacy technician. You can see the amounts below. The application fee covers the processing of your application and is non-refundable, even if your application is not successful.

The second is the re-entry fee, which is £106. This fee covers your registration, until you reach the next anniversary of your previous renewal deadline. Then you will need to pay for your next year's registration as normal.

If you are re-joining the register in the two months before the anniversary of your previous renewal deadline, we will request the fee to renew your registration at the same time as the application and re-entry fees.

Taking payment does **not** mean that you are registered. Check for your entry on the online register **and** make sure you have received your confirmation email before you start to work as a registered pharmacy professional.

### Fees for restoring your registration as a pharmacist

Restoring your register entry, following:	Application fee	Total (including £106 re-entry fee)
Voluntary removal, within one month of the removal date	£399	£505
Voluntary removal one month or more after the removal date	£144	£250
Removal for failure to renew	£399	£505
Removal for failure to meet revalidation requirements	£573	£679

### Fees for restoring your registration as a pharmacy technician

Restoring your register entry, following:	Application fee	Total (including £106 re-entry fee)
Voluntary removal, within one month of the removal date	£202	£308
Voluntary removal one month or more after the removal date	£12	£118
Removal for failure to renew	£202	£308
Removal for failure to meet revalidation requirements	£301	£407

### Making a payment

Once we have received your application, and confirmed that we have all the information we need to process it, we will contact you to request the application fee, re-entry fee, and if you are re-joining the register in the two months before the anniversary of your previous renewal deadline, your renewal fee.

You will receive an email from [shopper@worldpay.com](mailto:shopper@worldpay.com) containing instructions and a link to pay the total online. The email you will receive will look like this:

From: GPHC- PAY BY LINK <shopper@worldpay.com>  
Sent: Thursday, December 03, 2020 09:44  
To: |  
Subject: TEST. Payment Request from GPHC- PAY BY LINK

We are requesting payment on behalf of the General Pharmaceutical Council, in relation to the application you have submitted to them. If you have any queries about this payment request, please contact the GPHC using the details below.

General  
Pharmaceutical  
Council

Amount: 505.00 GBP  
Order Description: Your name – Restoration application  
Order Reference: PBL- Your registration number

[Please click here to make this payment.](#)

Pay now

Thank you.

Contact GENERAL PHARMACEUTICAL COUNCIL:

Email: [registers@pharmacyregulation.org](mailto:registers@pharmacyregulation.org)

Telephone: 02037138000

#### More information

Visit the Worldpay website for FAQs about payments at: <http://www.worldpay.com/shopper>  
Alternatively, for queries about your order, please contact GENERAL PHARMACEUTICAL COUNCIL using the details above.

The payment link in the email will be valid for 28 days. If you need any additional time to pay the fee, please email us at [registers@pharmacyregulation.org](mailto:registers@pharmacyregulation.org). Make sure you give your name, registration number and they type of application you have submitted so we can find and update your application promptly.

Once we have received your payment, we will complete the processing of your application within 10 working days. We will send you an email confirming that your application has been completed.

## 7. Submitting your application

Return this form to us by email to [registers@pharmacyregulation.org](mailto:registers@pharmacyregulation.org). Send your application as a single document, either in Word or PDF format.

Make sure you have included any supporting documents, such as:

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- evidence of your knowledge of the English language as set out in section four
- outstanding revalidation records you have not been able to create in myGPhC

We will process the information you have given us and will notify you of the outcome of your application within 28 days of receiving your payment. If we do not have all the information we need, we will contact you- but it may take longer to assess your application.



## Applying to restore your register entry as a pharmacist or pharmacy technician

### Application form

#### 1. Personal details

Tell us your personal details that we currently hold for you so that we can identify you. We will contact you using the details you have given us through myGPhC if we need any more information, and to let you know when we have dealt with your request.

If you do not have a myGPhC account yet, please give us your email address so that we can contact you about your application.

1.1 Title    Mr        Mrs        Ms        Miss        Other   

1.2 Surname(s)   

1.3 First name   

1.4 Middle name(s)   

1.5 Date of birth   

1.6 Home address   

1.7 Postcode   

If you **do not** have a myGPhC account:

1.8 Email

## 2. Your previous registration

Tell us about your previous registration so we can identify your registration record in our database, and assess if there are any outstanding issues.

### 2.1 Previous GPhC registration number

### 2.2 How did you qualify to join the GPhC register for the first time?

- UK qualified                       OSPAP                       EEA qualified\*

If you qualified in Switzerland, or any EEA country other than the UK or Ireland, you must demonstrate that you have the necessary knowledge of the English language to practise in Great Britain. See section 4 of the guidance for more information.

### 2.3 Please tell us:

#### a) The date you first joined the register (DD MM YY):

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#### b) The date you left the register (if you have left the register more than once, write the most recent date):

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### 2.4 Please tell us the reason you previously left the GPhC register:

- Voluntary removal                       Non-renewal                       Not meeting the revalidation requirement

### 2.5 Did you have an annotation as part of your previous registration?

- Yes                                       No

If you answered yes, do you want to restore your annotation as part of your registration?

- Yes                                       No

### 3. Registration with other health care regulatory bodies

Tell us about any other healthcare regulatory bodies you are currently, or have been registered with in last five years. Continue on a separate sheet if there are more. We will use this to verify you are fit to practise as a pharmacy professional.

#### 3.1 Are you currently or have you previously been registered with:

**a) any UK statutory health regulatory body (any member body of the Professional Standards Authority), other than the GPhC or RPS?**

Yes  No

If you have answered 'yes', please give details of your registration below. You will need to provide a certificate of current professional status from this organisation. See section 4 of the guidance for more information.

Name of body

Registration number

I have requested a certificate of current professional status to be sent from this organisation to the GPhC

**b) a health regulatory body outside the UK?**

Yes  No

If you have answered 'yes', please give details of your registration below, **and** give details of your employment history while registered in section 4.2. You will need to provide a certificate of current professional status from this organisation. See section 4 of the guidance for more information.

Name of body

Registration number

I have requested a certificate of current professional status from this organisation to be sent to the GPhC

## 4. Declarations

In this section we ask you to make declarations about:

- your suitability to be on the register
- your understanding of the duties and responsibilities you will have if you are successful in re-joining the register
- the information you have provided as part of your application

Please read any instructions at the start of each section. If you have any questions about meeting the requirements set out in these declarations, please contact us.

### Part a) Fitness to practise declarations

Complete the declarations below to tell us about any issues which could affect your fitness to practise. **If you answer 'yes' to any of the declarations, and you haven't already given us information about the matter, you must tell us more by filling in a *Something to declare* form, which is available on our website.**

Under the Pharmacy Order 2010, we will use the information you give us in the form to assess if you are fit to practise.

By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 and 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.

Therefore 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.

**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

If you have answered 'yes', and haven't already given us information about the matter, tell us more by filling in a *Something to declare: health* form, which is available on our website.

**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?

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

**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** 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

**4.6** 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

**4.7** 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

**4.8** If you have answered 'yes' to any of the above questions in part a), have you previously notified the GPhC or RPSGB of this information?

Yes  No

If no, you must tell us more by filling in a *Something to declare* form.

**4.9** Have you worked as a pharmacist or pharmacy technician in Great Britain while not registered with the GPhC?

Yes  No

**a) If you have answered 'yes', has this already been investigated by the GPhC?**

Yes  No

**If you answered 'yes' to a),** please give the case reference number and the month and year when you declared this. We will use this information to find your case and assess if it affects your current fitness to practise. We may contact you for more information.

Case reference number

Investigation date (MMYY)

If you answered 'no' to a), please give us the details of your unregistered practice. We will use this information to investigate the incident and assess your current fitness to practise. We may contact you or your employer for more information.

Dates of your unregistered practice:

from (MMYY)

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until (MMYY)

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Your job title

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Employer name  
and address

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**4.10** Have you used the title 'pharmacist' or 'pharmacy technician' (or their Welsh equivalents 'fferyllydd' or 'echnegydd fferylliaeth') while not registered with the GPhC?

Yes

No

**a) If you have answered 'yes',** has this already been investigated by the GPhC?

Yes

No

If you answered 'yes' to a), please give the case reference number and the month and year when you declared this. We will use this information to find your case and assess if it affects your current fitness to practise. We may contact for more information.

Case reference number

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Investigation date (MMYY)

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If you answered 'no' a), please give us the details of when you used the title. We will use this information to investigate the incident and assess your current fitness to practise. We may contact you or your employer for more information.

Date of title use:

from (MMYY)

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until (MMYY)

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Title you used

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How or where  
you used it

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## Part b): Declarations on joining the register

If you are accepted to return the register, you will have obligations in law, including telling us if your circumstances change. If you do not tell us, we may take action. You must meet these requirements to continue your application. If you are not able to do this, contact us.

**I declare that if my application to restore my entry in the register is accepted, I will:**

**4.11** put in place an indemnity arrangement that complies with Article 32 of the Pharmacy Order 2010 for the time I am practising (this means an indemnity arrangement which covers against liabilities that may be incurred during my practice, and is appropriate for the type and level of the risks within the scope of my practice)

Yes

No

If you already have indemnity insurance in place, please tell us if this provided through:

your employer

a personal arrangement with an indemnity or insurance provider

a combination of my employer's indemnity arrangement and a personal arrangement

This information does not affect your application but will help us to understand how pharmacy professionals meet this requirement.

**4.12** tell the GPhC in writing within seven days if I no longer have appropriate indemnity arrangements in place

Yes

No

**4.13** provide additional evidence to show that I have the knowledge of English necessary to practise safely and effectively as a pharmacist or pharmacy technician, if I am asked to do so

Yes

No

**4.14** carry out and record revalidation activity as set out by the GPhC in the revalidation framework, and submit records of this activity when I renew my registration

Yes

No

**4.15** notify the GPhC of any changes to my name, home address or other contact details within one month of the date of the change

Yes

No

**4.16** keep to the standards for pharmacy professionals published by the GPhC

Yes

No

**4.17** tell the GPhC if anything happens which could call into question my fitness to practise, and would change my answers to the fitness to practise declarations I have made as part of this application, within seven days of the event happening

Yes

No

### Part c): Application declarations

Sign and date below to make the following declarations about your application. You must make these to continue your application. If you are not able to do this, contact us.

**I declare that:**

- 4.18** I am applying for restoration of my entry in Part 1 or Part 2 of the register and that I intend to practise as a pharmacist or pharmacy technician in Great Britain, the Channel Islands or the Isle of Man, as set out in Article 20(3) of the Pharmacy Order 2010
- 4.19** other than any issues I have declared in the fitness to practise section, I am not aware of any action that I have taken, or have not taken, which would be likely to result in an allegation that my fitness to practise is impaired
- 4.20** the information that I have provided in this application is complete, true and accurate I understand that if I am found to have given false or misleading information in connection with my application to return to the register, this may be treated as misconduct, and could result in my removal from the register

Please either print this form and manually sign it below or add an electronic signature using Adobe Fill & Sign – see the instructions below

Signed

Date

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#### Adding your signature using Adobe Fill & Sign

Click on the ‘sign’ icon in the Fill & Sign toolbar and select ‘Add signature’. You can add your signature in two ways:

1. Click on the ‘Draw’ icon and use your mouse to draw your signature (much as you would when accepting a package delivery)
2. Click on the ‘Image’ icon (first you will need to take a photograph of your signature and save it to your PC) and then select the image you have saved of your signature.

**Please note that we will not accept a typed signature.**

For office use only

Admin initials	Reason for removal	Revalidation checks	EEA registration route?	Outstanding fees?	Declarations added?	FTP checked & approved?	Payment made?

## Equality monitoring form

At the GPhC, we are committed to promoting equality, valuing diversity and being inclusive in all our work as a health professions regulator, and to making sure we meet our equality duties.

This equality monitoring form will provide us with useful information to check that this happens.

You do not have to fill it in, and your answers here will only be used for monitoring purposes- they will not form part of your application.

### What is your sex?

Please tick one box

- Male
- Female
- Other

### What is your sexual orientation?

Please tick one box

- Heterosexual/straight
- Gay woman/lesbian
- Gay man
- Bisexual
- Other
- Prefer not to say

### Do you consider yourself disabled?

Disability is defined in the Equality Act 2010 as “physical or mental impairment, which has a substantial and long term adverse effect on a person’s ability to carry out normal day to day activities”. Please tick one box.

- Yes
- No
- Prefer not to say

### What is your age group?

Please tick one box

- 16 – 24 years
- 25 – 34 years
- 35 – 44 years
- 45 – 54 years
- 55 – 64 years
- 65 + years

### What is your ethnic group?

Choose the appropriate box to indicate your cultural background. Please tick one box.

#### White

- British
- Irish
- Gypsy or Irish traveller
- Other white background (please fill in the box at the end of this section)

**Black or Black British**

- Black Caribbean
- Black African
- Other black background (please fill in the box at the end of this section)

**Mixed**

- White and black Caribbean
- White and black African
- White and Asian
- other mixed background (please fill in the box at the end of this section)

**Asian or Asian British**

- Indian
- Pakistani
- Bangladeshi
- other Asian (please fill in the box at the end of this section)

**Chinese or Chinese British**

- Chinese or Chinese British
- Other ethnic group (please fill in the box at the end of this section)

**Arab**

- Arab

**Other**

- Prefer not to say
- Other ethnic group background (please give more information in the box below)

Click here to enter text.

**What is your religion?**

Please tick one box

- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- None
- Prefer not to say
- Other (please give more information in the box below)