

REGISTRATION ASSESSMENT

Part 1

QUESTION PAPER

XX MONTH XXXX

Assessment materials provided:

1. Question paper (this booklet)
2. Resource pack
3. Answer sheet

Other permitted resources: Calculator (GPhC-approved model only)

- There are **40** questions in this paper. The time allowance for this paper is 120 minutes (2 hours).
- You will score one mark for each correct answer; **no** marks will be deducted for incorrect answers or omissions.
- For each question, calculate your answer and write it on the answer sheet in the way instructed on the sheet itself. Take care to enter one digit per box, and to correctly align your answer with the decimal point. **Do not** leave it until the end of the assessment to fill in your answer sheet, as **no** extra time will be given to complete the answer sheet after the assessment has finished. If you wish to change an answer, rub out your first answer completely, taking care not to smudge across the boxes.
- You may only use an approved make and model of calculator as specified by the GPhC. You are responsible for ensuring that you have the correct model, and that it is working for the duration of the assessment. The GPhC will **not** provide calculators.
- Only items of stationery and equipment specified by the GPhC can be present on your person, accessible to you, or on or within the vicinity of your assessment desk at any time during the assessment. No mobile phones, cameras, devices with communication functionality or smart technology, watches of any kind or other electronic devices of any kind are permitted.
- Answer the questions as though you were a pharmacist, **not** a pre-registration trainee pharmacist.
-  For questions with this icon, you may find the resource pack provided useful.
- All question papers, answer sheets and resource packs must be handed in at the end of part 1.
- Check that your name and pre-registration training number are printed on your answer sheet correctly. Sign the answer sheet, where indicated, before the assessment commences.

I have read and understood the information provided above, have received an answer sheet and a resource pack, and declare that I am fit to sit.

Name

Pre-registration training number

Signature

