

## **Fitness to practice declarations**

*Under 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.*

- 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
  
- 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
  
- 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 renewal to the Register and need not be declared.*

- 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
  
- 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
  
- 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
  
- 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 the questions above and have not previously informed the regulator you are required to submit a 'something to declare' form with your application. The 'something to declare' form is available at [www.pharmacyregulation.org/registration/changes-your-registration](http://www.pharmacyregulation.org/registration/changes-your-registration)*

## Indemnity Arrangement Declarations

Please read the guidance on our website before making your declarations. <https://www.pharmacyregulation.org/professional-indemnity-requirements>

### Location of Practice

I declare that I am applying for renewal of registration in Part 1/Part 2 of the Register and that, in accordance with Article 20(3) of the Pharmacy Order 2010, I intend to practice as a pharmacist/pharmacy technician in Great Britain, the Channel Islands or the Isle of Man.

Yes/No

Do you currently have indemnity arrangements in place?

Yes/No

*If you answer no to this question you are required to declare:*

I understand that, upon entry or renewal of entry in the Register I cannot practise as a pharmacist/pharmacy technician unless there is in force an indemnity arrangement which provides appropriate cover in relation to my scope of practice.

Yes/No

*If you have answered Yes to the question asking whether you have indemnity arrangements in place you are required to indicate by means of a tick whether:*

The indemnity insurance is provided by:

- Employer
- A personal arrangement with an indemnity/insurance provider
- A combination of employer provided indemnity arrangement and a personal arrangement

### Changes in Indemnity Arrangements

I agree to inform the Registrar in writing within 7 days if I cease to have appropriate indemnity arrangements in force and understand that my entry may be removed from the Register if I no longer have appropriate indemnity arrangements in force.

Yes/No

## Knowledge of English Language Declaration

Please read the guidance on our website before making your declaration.

[https://www.pharmacyregulation.org/sites/default/files/document/guidance\\_on\\_evidence\\_of\\_english\\_language\\_skills\\_september\\_2016.pdf](https://www.pharmacyregulation.org/sites/default/files/document/guidance_on_evidence_of_english_language_skills_september_2016.pdf)

I declare that I have evidence, information or documents which show that I have the knowledge of English which is necessary for the safe and effective practice as a pharmacist/pharmacy technician.

Yes/No

## Revalidation Declaration

Please read the guidance on our website before making your declaration.

<https://www.pharmacyregulation.org/revalidation>

I declare that I am currently carrying out and recording revalidation activities, and will continue to do so, in line with the GPhC's standards and framework for revalidation and the standards for pharmacy professionals. I confirm that I will provide, or have already provided, my annual submission of revalidation records to the GPhC by my registration renewal date.

Yes/No

## Declaration by applicant

I declare that prior to making my fitness to practise and renewal declarations, I have read and understood the guidance provided on the GPhC website relating to all these declarations.

Yes/No

I declare that the information that I have provided in this application for renewal 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.

Yes/No

With the exception of matters already notified to the General Pharmaceutical Council, I declare that I have and will adhere to the standards for pharmacy professionals as published by the GPhC.

Yes/No

I declare that 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.

Yes/No

I declare that I accept that I am under a duty to notify the Registrar if there is any change in the circumstances relating to the fitness to practise declarations that I have made within 7 days starting on the day on which the event occurred.

Yes/No

I declare that I understand if the declaration included in this application for renewal is not completed to the satisfaction of the Registrar, my application for renewal will not be processed and I will be deemed to have failed to pay the renewal fee.

Yes/No

I declare that I understand that if I am found to have given false or misleading information in connection with my application for renewal this may be treated as misconduct, which may result in my removal from the Register.

Yes/No