

The information you provide on the 'Something to declare' form together with the supporting documents you submit should be sufficiently detailed to enable an assessment of your fitness to practise to be made against the relevant assessment framework. Further information on the factors which we take into consideration and the assessment frameworks are available on the GPhC website at www.pharmacyregulation.org.

You should only complete this paper form if you are applying for the following:

- The pharmacist pre-registration scheme
- Initial registration
- Restoration
- Return to the register
- Voluntary removal

Once you have registered and need to provide information on a fitness to practise or health matter during the course of your registration year you should complete the online form available on the website at <https://www.pharmacyregulation.org/pharmacy-professionals-telling-us-about-issue-affecting-your-fitness-practise>

If you are declaring a health matter please complete the Something to Declare – Health form located at https://www.pharmacyregulation.org/sites/default/files/document/something_to_declare_form_1.pdf

You must complete sections 1 and 5 in all cases and complete sections 2, 3 and 4 as relevant

Please indicate the sections completed:

Section 1	<input type="checkbox"/>
Section 2	<input type="checkbox"/>
Section 3	<input type="checkbox"/>
Section 4	<input type="checkbox"/>
Section 5	<input type="checkbox"/>

1. Personal details

1.1. Name

1.2. Pre-Registration/Registration number

1.3. Address/ Registered address

Employer's details

1.4. Name and contact details of your employer

1.5. Can the GPhC contact your employer to obtain information about the matters disclosed below?

Yes No

2. Information about criminal proceedings

2.1. Please indicate with a tick if you have a:

Conviction Caution Bindover Conditional discharge

Have you agreed to pay a penalty under s 115A Social Security Admin Act

Have you accepted a fixed penalty/admonition & absolute discharge (Scotland)

Are you included in a barred list

2.2 What was the Offence? (please list if you have more than one)

2.3 Date(s) of convictions, cautions, bindovers and conditional discharge (dd/mm/yy)

2.4 Name and address of court at which conviction, bindover or conditional discharge etc. was received

2.5 Address of police station at which you received a caution or at which you were charged with the offence

2.6 Name of police officer issuing caution / name of charging officer

2.7 Provide a detailed description of the circumstances of the offence. This should include the time and location of the offence, your relationship to those involved (if relevant) and any mitigating factors.

Continue on a separate sheet if necessary

- 2.8 Provide any further information about the offence that you wish the GPhC to know about. This may include any steps you have taken to rehabilitate yourself after the offence or any insight you have into the nature of the offence

Continue on a separate sheet if necessary

- 2.9 List any supporting documents you have included with this form, for instance your certificate of conviction, caution or certificate from Disclosure Scotland.

Pre-registrant applicants are advised to include testimonials from their countersigning pharmacist/pharmacy technician or pre-registration training tutor. The referee must be aware of and make reference to the offence.

Continue on a separate sheet if necessary

3. Information about fitness to practise proceedings (other than GPhC proceedings) **Please include findings from your academic/training career resulting in sanction, suspension or dismissal**

3.1 Name of regulatory, licensing body, academic/training provider or employer

Completed fitness to practise proceedings

3.2 Date on which the finding was made against you (dd/mm/yy)

3.3 Details of the findings made against you

Continue on a separate sheet if necessary

3.4 Provide any further information about the finding or allegations made against you, that you wish the GPhC to know about

Continue on a separate sheet if necessary

Pending fitness to practise proceedings

3.5 Date on which you were informed that the matter would be referred for further consideration / hearing (dd/mm/yy)

3.6 Details of the matters alleged against you

Continue on a separate sheet if necessary

3.7 Further information about the allegations that you wish the GPhC to know about

Continue on a separate sheet if necessary

3.8 List any supporting documents you have included with this form, for instance a copy of the charges/allegations and/or the findings against you.

Pre-registration applicants are advised to include testimonials from their countersigning pharmacist/pharmacy technician or pre-registration training tutor, if applying for registration after completing the pre-registration scheme. The referee will need to confirm that they are aware of the finding and/or the pending fitness to practise proceedings

Continue on a separate sheet if necessary

3.9 Can the GPhC contact your regulatory body/academic/training provider or employer to obtain information about the matters disclosed above?

Yes No

4 Current Investigations by a criminal enforcement authority

4.1 Name and contact information of criminal enforcement authority (e.g. NHS Counter Fraud Service or police)

4.2 Please provide the contact information of the person dealing with the investigation at the criminal enforcement authority, if known

4.3 Date on which you were informed of the investigation (dd/mm/yy)

4.4 Details of the allegation(s) being investigated

Continue on a separate sheet if necessary

4.5 If there is any other information about the allegation(s) that you would like the GPhC to know about, please give details.

Continue on a separate sheet if necessary

4.6 List any supporting documents you have included with this form, for instance a copy of the charges/allegations and/or the findings against you.

Continue on a separate sheet if necessary

5 Declaration

- 5.1 The information I have provided in this form and in any supporting documents is full and accurate.
- 5.2 I understand that the GPhC may discuss or disclose any personal or sensitive data that it holds about me with referees, educational establishments, professional regulatory and representative bodies, government departments, law enforcement and any other third party if the GPhC considers it to be necessary and appropriate in order to complete its fitness to practise assessment.
- 5.3 I accept that I am under a duty to notify the Registrar if there is a change to the fitness to practice matters that I have disclosed within 7 days starting on the day on which the event occurred.

Signature

Date

If you are applying for registration please either email your completed form to **registers@pharmacyregulation.org** marked for the attention of Customer Services, or post to: Customer Services, General Pharmaceutical Council, 25 Canada Square, London E14 5LQ, along with your other documents.