

Voluntary removal of your annotation or of your register entry

Use this form to tell us that you want to leave the register, or that you want to have your annotation removed from your register entry. We will use the information you provide to update our records, and remove or amend your public register entry.

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. 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.

You can activate the Fill & Sign functionality by clicking on the 'pen' icon in the Adobe toolbar (this will allow you to complete the form electronically – using text, checkbox and signature options).

1. Personal details

Tell us your personal details so that we can identify you.

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

1.8 GPhC registration no

2. Removal details

2.1. I want to request that: (please tick all that apply)

- the independent prescriber annotation is removed from my register entry
(please go to **section 2.2**)
- my entry is removed from the register (please go to **section 2.3**)

2.2 Annotation removal

a) Please tell us which date you would like your annotation to be removed (DD MM YY):

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Please go to section 3

2.3 Voluntary removal

a) Please tell us which date you would like your entry to be removed (DD MM YY):

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Important: if you pay your renewal fees by quarterly Direct Debit, you must pay any outstanding instalments before leaving the register. We will contact you to arrange payment when we receive your application, but if you want to pay the outstanding balance straight away, please fill in the payment form.

b) Are you a superintendent pharmacist?

Yes No

If yes, please tell us the details of your superintendent role:

Body
corporate or
NHS trust
name

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Owner
number

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c) Please tell us briefly why you want to have your entry removed from the register

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3. Declarations

Use this section to tell us about any issues which could affect your fitness to practise, and based on this information, make the overall declaration in part b) which applies to you.

We will use this information to assess if any concerns about your current fitness to practise mean that it would not be in the public interest to remove your annotation, or to remove your entry from the register.

Part a) Fitness to practise declarations

Complete the declarations below. **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. Submit it as part of your application.**

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.

3.1 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

3.2 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.

3.3 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

3.4 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

3.5 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

3.6 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

3.7 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

3.8 If you have answered 'yes' to any of the above questions 3.1 -3.7, 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. See the introduction to the section for more information.

Part b) Application declarations

Please tick the 1 declaration which applies to you, based on your answers to the declarations in part a).

I declare that I am applying for removal of my annotation, or voluntary removal from the register. The information I have provided for this application is complete, true and accurate. I declare that:

- I answered 'no' to all the questions in part a) and 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.
- I have answered 'yes' to one or more of the questions in part a) and have previously notified the GPhC or RPS of this by filling in a *something to declare form*. and 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. If it is relevant to my application, I request that the registrar considers my application for voluntary removal from the register in accordance with Rule 14(6)(b) of the GPhC Registration Rules 2010.
- I have answered 'yes' to one or more of the questions in part a) and am aware that I must provide more information about this to the GPhC, by submitting a something to declare form with this application, or within seven days of submitting this application. 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. If it is relevant to my application, I request that the registrar considers my application for voluntary removal from the register in accordance with Rule 14(6)(b) of the GPhC Registration Rules 2010.

Please either print this form and manually sign it below or add an electronic signature.

Adding your signature

To electronically sign this form 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 you mouse to draw your signature (much like you do when accepting a package delivery) or
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.

NB – we will not accept a typed signature.

Signed

Date

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Once you have completed this form

Send it by email: send a single, scanned/saved PDF copy of your completed form to registers@pharmacyregulation.org.

We will process the information you have given us and will make the changes within 28 days of receiving your form and supporting documents. If we do not have all the information we need, we will contact you- but it may take longer to make the changes.



Payment form

If you pay your registration fees by quarterly Direct Debit, please give us your preferred payment details if you want to pay the outstanding part of the fee by card. We will only use this information to process your fee payment and will destroy it securely once we have taken it.

Applicant name:

Please charge this card with the outstanding part of my registration fee.

I want to pay by:

Credit card Debit card

Type of card:

Mastercard Visa

Card number (insert the exact number of digits in your card)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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CSV number (this is the last three digits of the number on the back of your card)

Valid from: Expires on:

Cardholder name:

Cardholder address:

Signed

Date