

Declaration by supervising pharmacist following a six month placement

To be filled in by the supervising pharmacist of a pre-registration trainee who has:

- Already completed 52 weeks of pre-registration training resulting in a signed final declaration, and
- Undertaken a period of employment in a pharmacy before sitting the registration assessment under regulation 1.25 of the registration assessment regulations.

To the registrar

I confirm that

(please print full name of trainee)

Pre-registration number

has/will have worked

under my supervision at:

(name and address of pharmacy)

from

DD/MM/YYYY

to

DD/MM/YYYY

(please give a finish date even if this declaration is submitted **before** the period has ended)

Declaration

I declare that I know of nothing to raise within the GPhC Standards for Pharmacy Professionals about the actions, professional performance or health of this trainee that would prevent their registration as a pharmacist.

Name

GPhC number

Declaration by supervising pharmacist

Application form

June 2017

Version 2.0

Contact phone number

Email address

Signed

Date

To the trainee

Please submit this form with your application to take the registration assessment