

## Application checklist

Before submitting your application check that all sections of the form have been fully completed and that you have enclosed the following:

- A full **CV**
- At least two **letters attesting to your identity and good character**.

These should include the referee's contact details and details of their registration with any professional body. At least one letter should be provided by a registrant in good standing with the GPhC.

Letters will not be accepted unless they make clear that the person signing it knows why the applicant was removed from the register, and has seen a copy of the reasons given by the Committee for directing the removal of the applicant.

- Evidence to demonstrate your fitness to return to practise**, including:
  - A completed **self-assessment** of your proposed practise against the GPhC's standards of conduct, ethics and performance.
  - A **self-evaluation** of how any learning and practice has prepared you for your intended scope of practice.
  - A **personal development plan** that has been cross referenced with any gaps identified in the 'further work necessary' column within the self-assessment and includes timeframes.
  - Evidence of your **insight** and **action taken** to address the reasons for your removal from the Register [at Section 4].
  - All relevant supporting evidence** as described in the guidance – please note that this section is vital for the evaluator to be able to verify any training, courses and past employment that you have mentioned.
- A letter of good standing (if applicable) to be sent directly to the Customer Service team at the GPhC from the relevant health regulatory body [see Section 3.2]. We cannot accept a copy that you have provided with your application.
- The relevant fee**.

I can confirm that I have included all relevant documents listed above and read the portfolio guidance document:

Print  
name

Signature:

Date:

**Please note that failure to submit a completed application and portfolio of evidence can result in your application being refused. In this case you will still be charged an application fee.**

## 1. Personal details

1.1. Title

Mr  Mrs  Ms  Miss  Other (please state)

1.2. Surname(s)

1.3. Forename(s)

This will be your registered name

1.4. Date of birth

1.5. Home address  
(including postcode)

This will be your registered address

1.6. Nationality

1.7. Home phone

Work phone

Mobile phone

1.8. Email address

Please note if you provide an email address we will use this for future communications with you unless you indicate that you wish to opt out of receiving all communication from the GPhC via email.

1.9. Previous RPSGB or GPhC registration number

## 2. Details of pharmacy qualifications

2.1. Awarding body/Higher Education Institute where qualification was attained

Year attained

2.2. Country where qualification awarded

2.3. Title of qualification

2.4. Awarding body/Higher Education Institute where qualification was attained  Year attained

2.5. Country where qualification awarded

2.6. Title of qualification

### 3. Supporting information

3.1. If you have worked, or are working, either as another type of healthcare professional in Great Britain or elsewhere, or as a pharmacy professional outside Great Britain please provide details of that employment here.

Name and address of employing organisation	Country	Role undertaken	From	To

3.2. **Registration with other bodies**

Are you currently, or have you previously been, registered with any statutory health regulatory bodies abroad, or within the UK (any organisation regulated by the Professional Standards Authority)?

Yes  No

If you have answered 'yes' to question 3.2 please give details and request a certificate of current professional status (sometimes referred to as a letter of good standing) from that regulator. Please note that this document must be sent directly from the relevant health regulatory body and addressed to the Customer Services team at the GPhC and issued no more than 3 months prior to the date of your application.

Name of Body

Country

Registration  
Number

If you are registered (or have been registered in the preceding 5 years) with more than one body please provide details on a separate sheet.

Please note that, if you have been registered with any statutory health regulatory body outside Great Britain, we require a certificate of current professional status (letter of good standing) from the appropriate regulatory authority in every country in which you have practised in the 5 years immediately preceding the date of your application.

3.3. Please indicate intended scope of practice when re-registered

Area of intended practice:

Full details of proposed role:

## 4. Fitness to practise decision

4.1 Please give details of the decision to remove you from the RPSGB or GPhC register, including date of decision, the allegations against you and the Committee's reason(s) for removal. Please also indicate if you have previously made an application for restoration following the decision to remove you from the register.

4.2 Please set out why you consider that your fitness to practise is no longer impaired

4.3 Please set out details of any action you have taken to address or learn from the original allegation



4.4 Please set out details of your insight into the gravity of the allegation which resulted in your removal from the register

## 5. Fitness to practise declarations

By virtue of 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.

- 5.1. Aside from that described at 4.1, 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

- 5.2. 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

- 5.3. 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?

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 registration in the Register and need not be declared).

- 5.4. 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

- 5.5. 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

5.6. 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

5.7. 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 these questions please provide details on the **Something to Declare** form. This form is available on our website [www.pharmacyregulation.org](http://www.pharmacyregulation.org).

## 6. Declaration by applicant

### I declare that

- 6.1. I am applying for registration as a **pharmacist** in Part 1 of the Register and that, in accordance with Article 20(3) of the Pharmacy Order 2010, I intend to practise as a pharmacist in Great Britain, the Channel Islands or the Isle of Man.

Please tick if you are applying for **pharmacist** registration

### Or

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

Please tick if you are applying for **pharmacy technician** registration

I have previously been registered with the RPSGB or the GPhC and to demonstrate my current professional competence I enclose a portfolio of evidence.

- 6.2. The information that I have provided in this form and in any supporting documents 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.
- 6.3. I will adhere to the standards relating to conduct, ethics and performance and continuing professional development published by the General Pharmaceutical Council.
- 6.4. I have in place, or will have by the time I start to practise, appropriate cover under an indemnity arrangement that complies with Article 32 of the Pharmacy Order. Appropriate cover under an indemnity arrangement means cover against liabilities that may be incurred which is appropriate, having regard to the nature and extent of the risks associated with my scope of practice.
- 6.5. I am under a duty to notify the Registrar if there is any change in the circumstances relating to the fitness to practise declaration that I have made in Section 4 within 7 days starting on the day on which the event occurred.

***Declaration continued on next page***

6.6. Please tick the appropriate statement:

- a) I **have not** worked as a Pharmacist or Pharmacy Technician in Great Britain whilst not registered in the appropriate part of the RPSGB or GPhC register, other than any occasions known and investigated by the RPSGB/GPhC
- b) I **have** worked as a Pharmacist or Pharmacy Technician in Great Britain whilst not registered in the appropriate part of the RPSGB or GPhC register. I include a covering letter with my application providing additional information to the Registrar about the circumstances surrounding my practise whilst not on the register

**I understand that**

6.7. If I am found to have given false or misleading information in connection with my application for registration, this may be treated as misconduct, which may result in my removal from the Register.

Signature

Date

## 7. Declaration by GPhC registered countersigning pharmacist or pharmacy technician

- 7.1. I declare that I have known the applicant for \_\_\_\_\_ in the capacity of \_\_\_\_\_ and to the best of my knowledge, the information given in this application and in any supporting documents is full and accurate and relates to the applicant, and I know of no reason why this person should not be registered. I confirm that the applicant is not immediately related to me.

Name

Registration number

Signature

Date

### **Data protection statement**

*The GPhC is a data controller registered with the Information Commissioner's Office. The GPhC makes use of personal data to support its work as the regulatory body for pharmacists, pharmacy technicians and retail pharmacy premises in Great Britain. We may process your personal data for purposes including updating the register, administering and maintaining registration, processing complaints and compiling statistics.*

*The GPhC will not share your personal data on a commercial basis with any third party. We may share your data with third parties to meet the GPhC's statutory aims, objectives, powers and responsibilities under the Pharmacy Order 2010, the rules made under the Order and other legislation. We may pass information to organisations with a legitimate interest including other regulatory and enforcement authorities, NHS trusts, employers and Department of Health. We may also share information with universities and research institutions for the purpose of research. We will publish pharmacists' and pharmacy technicians' fitness to practise records on our website as described in the [Publication and Disclosure Policy](#)*

## 8. Equality monitoring

What is your ethnic group?

Please tick one

### White

British  Irish  Other

### Black or Black British

Caribbean  African  Other

### Mixed

White and Black Caribbean  White and Black African   
White and Asian  Other Mixed (please specify)

### Asian or Asian British

Indian  Pakistani   
Bangladeshi  Chinese

Other ethnic group  Other Asian (please specify)

If other please specify

What is your gender?

Male  Female  Other

What is your religion?

None  Christian  Buddhist  Hindu   
Jewish  Muslim  Sikh  Other

If other please specify

Do you consider that you have a disability?

Yes  No

## 9. Payment Details

**You will be charged with the relevant fee below depending on how you left the register.** Payments by credit card will incur a 2% surcharge.

### **Pharmacists**

£679 for return to practise following disciplinary removal from RPSGB of GPhC register  
(£429 application fee plus £250 re-entry to register fee + £13.58 if paying by credit card)

### **Pharmacy Technician**

£412 for return to practise following disciplinary removal from RPSGB or GPhC register  
(£294 application fee plus £118 re-entry to register fee + £8.24 if paying by credit card )

Please note if your application is refused you will be charged the appropriate application fee. Therefore please ensure that you have read through the guidance notes thoroughly.



## 10. Payment Form

<b>Name of applicant:</b>	<input type="text"/>				
<b>Please indicate whether you are paying by:</b>					
<input type="checkbox"/> Debit card	<input type="checkbox"/> Credit card <i>(Payment by credit card will incur a surcharge of 2%)</i>				
<b>Type of card:</b> <i>(Please tick one)</i>					
<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	<input type="checkbox"/> Visa Purchasing	<input type="checkbox"/> Visa Delta		
<b>Card Number:</b> <i>(insert exact amount of digits in your card number only)</i>					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>CSC number:</b>	<input type="text"/>	<i>(The last 3 digits on the back of your card)</i>			
<b>Valid From Date:</b>	<input type="text"/>	<input type="text"/>	<b>Expiry Date:</b>	<input type="text"/>	<input type="text"/>
<b>Name of Cardholder</b> <i>(as it appears on card):</i>	<input type="text"/>				
<b>Address of account holder</b>	<input type="text"/>				
<b>Signature:</b>	<input type="text"/>	<b>Date:</b>	<input type="text"/>		