

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

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

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

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

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

2.6 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.

2.7 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 separate sheet if necessary.

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

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

3.1 Name of regulatory, licensing body, school of pharmacy 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

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.

4. Issues regarding your academic and training career resulting in sanction, suspension or dismissal

4.1 Name and details of your academic or training provider

Continue on a separate sheet if necessary.

4.2 Date on which the findings against you were made (dd/mm/yy)

4.3 Provide a detailed description of the circumstances of the offence/issues. 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 separate sheet if necessary.

4.4 Can the GPhC contact your training provider to obtain information about the matters disclosed below?

Yes No

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 submitting this form as part of the renewal process please either email your completed notice to info@pharmacyregulation.org marked for the attention of Customer Services, or post to: Customer Services, General Pharmaceutical Council, 25 Canada Square, London E14 5LQ.

If you are submitting the form as part of your application for registration please post to the relevant application team at the above address.