

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 fitness to practise proceedings

2.1 Name of regulatory, licensing body, school of pharmacy or employer

Completed fitness to practise proceedings

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

2.3 Details of the findings made against you

Continue on a separate sheet if necessary.

2.4 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

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

2.6 Details of the matters alleged against you

Continue on a separate sheet if necessary.

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

Continue on a separate sheet if necessary.

2.8 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.

3. Information about health which may impair your fitness to practise

Details of any physical or mental health condition which may impair your fitness to practise

Please include a letter from you GP/treating doctor setting out your current treatment plan and how you have modified your practice to minimize risks to the public

3.1 Provide details and date of any diagnosis made and last occurrence or episode

Continue on a separate sheet if necessary.

3.2 Please provide details of the symptoms you are experiencing

Continue on a separate sheet if necessary.

3.3 Please explain how your condition is managed (for example treatment plans, medication and if it necessary for adjustments to be made at your workplace.)

Continue on separate sheet if necessary.

Details of treating doctors

3.4 Name and contact details of your treating doctor

3.5 Can the GPhC contact your doctor(s) to obtain further information about your health condition?

Yes No

3.6 Have you been referred to OH or received any other health assessment? If you have answered 'yes' please provide report

Yes No

3.7 How have you already modified your practise to reduce risk?

Continue on a separate sheet if necessary.

3.8 Has the condition interrupted or restricted your working practices?

Yes No

3.9 Please include a letter from your employer setting out what risk your condition poses to colleagues and or members of the public, if any and how you have modified your practise to minimize the risks

3.10 Does your condition prevent you from undertaking any of the regular tasks carried out by a pharmacist / pharmacy technician?

Yes No

If you have answered 'yes' to 3.10 please provide details

Continue on a separate sheet if necessary.

3.11 Do you believe your health condition poses a risk to your colleagues in the workplace and/or to the public?

Yes No

If you have answered 'yes' to 3.11 please provide details

Continue on separate sheet if necessary.

3.12 Please provide supporting documentation from your GP, consultant and/or employer in support of the answers given above. Please list any supporting documents you have included with this form below

Continue on separate sheet if necessary.

3.13 Do you consider yourself to be disabled?

Yes No

If you have answered 'yes' to 3.13, is any special assistance required in your workplace and have any reasonable adjustments been made in your workplace? Please provide details

Continue on 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 practise matters that I have disclosed within 7 days starting on the day on which the event occurred.

Signature

Date

You cannot use an electronic signature on this form. If you are using a computer to complete this form you will need to print out and sign in ink.

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.