

Application for entry to the Pre-Registration scheme - 2012

Pre-Registration
GPhC
129 Lambeth Road
London
SE1 7BT

info@pharmacyregulation.org

Tel: 0203 365 3400

Application form – You must submit your application at least 8 weeks before you wish to start training. The GPhC cannot backdate or recognise any training that does not meet with its application process or training criteria.

Pre-Reg Number:	Auth Code:	Applicant Number:
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1. Personal Details

1.1 Title Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other (please state)

1.2 Surname(s)

1.3 Forename(s)

1.4 Date of birth

1.5 Address

Postcode This will be your address to which correspondence will be sent prior to you starting training

Country

1.6 Nationality

1.7 Home phone Mobile phone

1.8 Email address

By providing an email address, you consent to the GPhC sending any documents to you at that email address. Please ensure that you keep this address updated

2. Details of degree

2.1 University / Higher Education Institute where **MPharm** was attained Year attained

2.2 University / Higher Education Institute where **OSPAP** was attained (if applicable) Year attained

Please note you cannot start training until you have been awarded your MPharm or OSPAP.

3. Training site details

3a 1st Placement

3.1 Name of site

3.2 Address of site

Postcode

This will be your address to which correspondence will be sent after you start training

Country

3.3 Start date

3.4 Finish date

3.5 Pharmacy GPhC Registration Number:

To find the registration number please check our website - <http://www.pharmacyregulation.org/>

3.6 Training site expiry date:

3.7 Is your site approved to provide training for all of your training period (if yes move to 3.9)? Yes ☐ No ☐

3.8 If your site is not approved have you contacted your training provider/tutor? **(Please note you cannot start training until your site is approved)** Yes ☐ No ☐

3.9 Have you confirmed your start date with your tutor/employer? Yes ☐ No ☐

3.10 Are you an owner, a director, or a majority shareholder of any of the establishments named on this form? Yes ☐ No ☐

3.11 Are you related to a director, or have a relationship with a director or employee of the appointing pharmacy? Yes ☐ No ☐

Please note you cannot train at a training site where you have a relationship or business interest with a director or employee.

3. Training site details

3b Additional Placement (if applicable)

3.1 Name of site

3.2 Address of site

Postcode

This will be your address to which correspondence will be sent after you start training

Country

3.3 Start date

3.4 Finish date

3.5 Pharmacy GPhC Registration Number:

To find the registration number please check our website - <http://www.pharmacyregulation.org/>

3.6 Training site expiry date:

3.7 Is your site approved to provide training for all of your training period (if yes move to 3.9)? Yes ☐ No ☐

3.8 If your site is not approved have you contacted your training provider/tutor? **(Please note you cannot start training until your site is approved)** Yes ☐ No ☐

3.9 Have you confirmed your start date with your tutor/employer? Yes ☐ No ☐

3.10 Are you an owner, a director, or a majority shareholder of any of the establishments named on this form?

Yes ☐ No ☐

3.11 Are you related to a director, or have a relationship with a director or employee of the appointing pharmacy?

Yes ☐ No ☐

Please note you cannot train at a training site where you have a relationship or business interest with a director or employee.

4. Tutor details

Please complete this section on your tutor's behalf, you may need to contact them to confirm these details.

4.1 Tutor name

4.2 GPhC number

4.3 Has your tutor been a registered pharmacist for at least three years?

Yes ☐ No ☐

4.4 Is your tutor currently under investigation by GPhC?

Yes ☐ No ☐

Please note if your tutor does not meet the GPhC tutoring requirements this person will not be able to act as your tutor.

5. Registration with other bodies

5.1 Are you currently or have you previously been registered with any UK statutory health regulatory body (any member body of the Council for Healthcare Regulatory Excellence) or a health regulatory body outside Great Britain? (This includes any previous pre-registration training with the GPhC/RPSGB.)

Yes ☐ No ☐

If you have answered 'yes' to question 5.1 please give details as below

Name of body

Registration number

[If you are registered with more than one body please provide details on a separate sheet](#)

6. Fitness to practise

[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.](#)

6.1 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 practice 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 ☐

- 6.2 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 as a Pre-registration Trainee Pharmacist in a safe and effective manner? Yes ☐ No ☐
- 6.3 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 renewal in the Register and need not be declared.
- 6.4 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 ☐
- 6.5 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 ☐
- 6.6 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 ☐
- 6.7 Have you previously been included in 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 full details on the [Something to Declare](#) form. A copy of this form is available on our website www.pharmacyregulation.org.

7. Declaration by applicant

I declare that

- 7.1 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, tutor, training site address or other contact details within one month starting on the day on which the change occurred.
- 7.2 I will adhere to the regulations relating to the Pre-registration Scheme and also to the standards of conduct, ethics and performance published by the General Pharmaceutical Council.
- 7.3 I have notified the GPhC of any fitness to practise issues. I understand that this information will be provided to my pre-registration training employer so that they can make any reasonable adjustments that they consider necessary in the workplace to support my training.

I understand that

- 7.4 I am applying for entry into the Pre-registration Scheme and the GPhC may make any enquiries it considers relevant and appropriate in relation to verifying the details provided on this application form.
- 7.5 If I am found to have given false or misleading information in connection with my application for pre-registration training, the GPhC may refuse entry into training and refer the matter to the relevant law enforcement agencies and any other third party that it considers should be notified.
- 7.6 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 6 within 7 days starting on the day on which the event occurred.
- 7.7 The GPhC may discuss or disclose any personal or sensitive data that it holds about a Pre-registration Trainee Pharmacist with referees, educational establishments, professional regulatory and representative bodies, government departments, funding bodies, law enforcement or immigration agencies and any other third party if the GPhC considers it to be necessary and appropriate.
- 7.8 In accepting that a student is eligible to enter pre-registration training the GPhC does not make any prospective assurances, undertakings or guarantees to the student that they will be registered with the GPhC as a pharmacist.
- 7.9 The requirements for the pre-registration scheme are laid out in the Pre-registration Scheme Requirements and Education Procedures for the initial education and training of pharmacists and pharmacy technicians which can be found on our website (www.pharmacyregulation.org)

Signature

Date

8. 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. Data may be shared with third parties in pursuance of the GPhC's statutory aims, objectives, powers and responsibilities under the Pharmacy Order 2010, the rules made under the Order and other legislation. Personal data may be processed for purposes including (but not limited to) updating the register, administering and maintaining registration, processing complaints, compiling statistics and keeping stakeholders updated with information about the GPhC. Information may be passed to organisations with a legitimate interest including (but not limited to) other regulatory and enforcement authorities, NHS trusts, employers, Department of Health, universities and research institutions. Please note that the GPhC will not share your personal data on a commercial basis with any third party.

8.1 I have read and understood the data protection statement?

Yes ☐ No ☐

9. 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 ☐

What is your sexual orientation?

Heterosexual ☐ Lesbian / Gay ☐ Bisexual ☐

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 ☐

10. Trainee Photo Form

Your photo must be certified, signed and dated by one of the people who are listed as acceptable countersignatures by the Home Office Passport Service, have known you for the at least **two** years and be resident in the UK:

Staple Certified Photo Here

Example of photo certification:

I certify this is a true likeness of

Give applicants full name and title

Signature of certifying person

and date

www.direct.gov.uk/en/TravelAndTransport/Passports/Applicationinformation/DG_174151

This section must be completed by the person who signs the back of the photo.

Name

Address

Occupation

Phone & Email address

By countersigning this application, you agree that the General Pharmaceutical Council (GPhC) may contact you to verify the information that you have provided.

I declare that I have signed the photograph attached and that I have known

for

years and the information I have provided is correct.

Signature

Date

End of Application Form.
Please complete the payment form on the next page.

11. Payment

Name of applicant

Charge this card with the sum of:

£142 (Pre-Registration Application Fee) ☐

Please indicate whether you are paying by

Debit card ☐ Credit card ☐

Type of card (*Please tick one*)

Mastercard ☐ Visa ☐ Visa Purchasing ☐ Visa Delta ☐ Maestro ☐ Solo ☐

Card number

(insert the exact amount of digits in your card number only)

CSC number

(The last 3 digits on the back of the card)

Valid From Date

Expiry Date

Issue number

Issue number for Maestro or Solo cards only. If your card does not have an issue number please enter 'NA' in the boxes.

Name of cardholder

The name exactly as it appears on the debit or credit card

Address of cardholder

Postcode

Address where the card is registered

Signature

Date (dd/mm/yy)

To be signed by the cardholder

If you stop training during your training year your fee will not be refunded.