

Applying to join the Pharmacist pre-registration scheme – guidance and application form

September 2017

Version 2.3

Post your form to:

Pre-registration – New Trainees
Customer Services
General Pharmaceutical Council
25 Canada Square
LONDON
E14 5LQ

Contact us

Phone: **0203 713 8000**

Email: info@pharmacyregulation.org

Introduction to this guidance

The pre-registration guidance notes will give you all the information you need to be able to apply. Please read this document carefully before you fill in the form or contact the General Pharmaceutical Council (GPhC) with any queries.

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A. Before applying to join the pre-registration scheme

What should I do before I fill in this application form?

You will need to contact your training provider to:

- find out where your training will take place
- make sure the training site/s is/are approved by the GPhC for the whole of your training period (Training sites should apply for approval by 1 March 2018)
- get a copy of the training plan that you will be following during your training
- get the name, registration number and contact details of your prospective pre-registration tutor/s, because they must also sign the learning contract which forms part of this application

When can I start pre-registration training?

There are key dates that apply to when you can start training in any particular training year. These dates are on our website at www.pharmacyregulation.org/content/key-dates-pharmacist-pre-registration-scheme.

Any training that starts outside these dates will not count towards your 52-weeks' training and will not be recognised by us as pre-registration training. Different dates may apply if you:

- plan to train part time
- are on a sandwich course

When should I send in my application?

If you want to be eligible to sit the summer assessment, we must receive your application to enter pre-registration training no later than the date published on the key dates page of our website. If your application is late we cannot guarantee that your training arrangement will be confirmed in time for you to be eligible to meet the assessment entry criteria – even if you have met all our other requirements.

If you want to be eligible to sit the autumn assessment, you need to make an application **at least 28 days before** you want to start your training. This will make sure we have enough time to process your application.

If you are a Bradford sandwich course trainee or a five year integrated MPharm degree trainee, your school of pharmacy will tell you the application date and how to apply.

Where should I send my application form?

You should send your completed application form back to us at the address on the first page – **unless you are planning to train in Scotland as either a funded or an unfunded PRPS trainee**. If this applies to you, send your completed application directly to NHS Education Scotland (NES) rather than us. See the NES website for more information: www.nes.scot.nhs.uk/education-and-training/by-discipline/pharmacy/pre-registration-pharmacist-scheme/prps-recruitment.aspx

B. Completing the application form

The information you give us in this form will be used to assess your application to join the pharmacist pre-registration scheme. We may use it in future, together with other information we may hold in connection with this application, to make a decision on your application for entry to the register of pharmacists or for assessing your fitness to practise.

Section 1 – Your personal details

Please enter your name as you are registered with your university.

Please enter your home address in this section. But please be aware that once you start training correspondence will be sent to your training site and not your home address.

Please provide a valid email address as it is the main way we will communicate with you during the pre-registration year. University email addresses should be avoided unless you can guarantee that you retain and continue to monitor them on graduation.

Section 2 – Details of your degree

You should enter the details of your qualification in this section (your qualification is an MPharm degree or OSPAP). You will need to confirm the date you started and the year you were awarded or anticipate you will be awarded with the qualification.

Section 3 – Fitness to practise

Please see our website if you need advice about declaring an offence or an academic matter:
www.pharmacyregulation.org/registration/changes-your-registration/something-declare

What do I need to do if I have made a fitness to practise (FTP) declaration?

If you have ticked 'Yes' to any of the questions in section 3 of the application form, you will need to provide details. Once we have assessed your application we may ask you to submit further information.

You must also disclose this matter with your tutor and employers.

Important: Our education standards make it clear that by providing information about your fitness to practise you are consenting that this information may be shared with your tutor and future employer. (www.pharmacyregulation.org/education/education-standards)

You will also be required to submit a *Something to Declare* form at the point of applying for registration.

What if my FTP circumstances change during the application process or during my training year?

You must tell us if anything happens that would change the fitness to practise declaration that you made as part of your application. You must do this within 7 days, starting from the day the event occurred, by filling in a *Something to declare* form. This is the same as if you were a registrant.

Section 4 – Training site details

How do I know my pharmacy is approved for pre-registration training?

You can find out on our website if your site is approved. There is a 'search for a training site' function where you can see if your site is approved and find its registration/training site number:

The screenshot shows the 'Search for a:' dropdown menu with the following options: Pharmacist, Pharmacy, Pharmacy Technician, and Training Premises. The 'Training Premises' option is selected. The search results table is as follows:

Boots UK Limited	Boots UK Limited	Brent Cross Shopping Centre, Hendon, LONDON, NW4 3FB, UK	Barnet PCT		
Sabel Chemists	Sabel Chemist Ltd	116 Brent Street, Hendon, LONDON, NW4 2DT, UK	Barnet PCT	1040587	01/06/2016
Zaxgate Ltd.	Zaxgate Ltd	14-15 Sentinel Square, Brent Street, LONDON, NW4 2EL, UK	Barnet PCT	1040594	19/03/2017

What if my site is not approved for the full training period?

If your site is not shown on the website, or is not approved for your full pre-registration training period, you must contact your training provider immediately. Training sites that want to take on trainees for the coming training year should apply for approval by 1 March 2018. If they have not applied by this date you may be unable to train at that site.

Important: You cannot begin training until your site has been approved for the full period of your training. However, you can still submit your application while we are dealing with the site's application, so you can meet the key dates mentioned above.

You are responsible for making sure your training provider knows about this and has sent, or is sending, the paperwork to us. Please make sure you monitor their progress and that they regularly update you, as you may need to find a different training placement if approval is not granted.

If your site is not approved for the full period of your pre-registration training, we will email you explaining that we can't process your application. If your site has not been approved for the full period of your training by your intended start date, you will need to change your start date – which may in turn affect your assessment eligibility. If you are not confident that your intended training site's application for approval has been made, or will not be approved before your start date, you may choose to find a different training placement.

Section 5 – Additional training site details

How can I apply for a split/joint/integral placement?

If you are applying for a split/joint/integral placement you need to give the details of all your sites and training dates. You can do this in sections 4 and 5. Give details for sites where you will be based for at least 13 calendar weeks during the year. If there are more than two main sites, you can reprint section 4. Any site visited for less than the equivalent of 13 calendar weeks should have already been approved as part of an integral training plan when the site was approved. If you have selected a training site that is showing on our training premises register as an integrated programme you only need to include the details of the programme as they appear on the register. Please note that at least 26 weeks must be spent in a patient-facing hospital or community pharmacy.

Section 6 – Tutor details

Who can be my tutor?

The requirements for tutors are listed in our [tutor suitability policy](#) in section 2 of the pre-registration manual. All tutors must meet these requirements.

This means your tutor must:

- have been registered and practising for at least three years in the sector where they intend to tutor – for example, they must have worked: in community pharmacy to tutor in a community pharmacy; in secondary care to tutor in hospital; or in a research environment (such as industry or academia) to tutor in industry
- have no sanctions or conditions that stop them being a tutor
- have no current fitness to practise issues that stop them being a tutor
- comply with the other elements of the pre-registration training scheme

What if my tutor does not meet the tutor suitability policy?

They cannot be your tutor.

What do I do if I have been assigned two tutors?

This is called a 'joint-tutoring arrangement'. It is acceptable as long as, between the two tutors, the criteria for tutor working hours are met.

We must agree to each joint-tutoring arrangement. You must make sure that both tutors sign section 8 of the application form.

What if I have a relationship with a director or employee of the pharmacy where I want to train?

To make sure there is an objective relationship between trainees and tutors, you must not train anywhere that you:

- have a significant financial interest in, or
- have a 'significant relationship' with a director, owner or employee. Significant relationships include:
 - any family relationships, such as father, mother, aunt, uncle, cousin and so on
 - family relationships through marriage or civil partnership
 - girlfriend-boyfriend-partner relationships
 - people you depend on financially, or to whom you have a financial commitment
 - people who depend on you financially, or who have a financial commitment to you

In a public sector placement (for example, at an NHS hospital trust) where there is clearly no commercial interest, we will consider applications from trainees wanting to train at a site where a family member or partner works. However, the training provider is responsible for making sure that training and assessment is managed by someone else, to avoid any conflict of interest. Any operational issues that may arise through this must be managed by the training provider.

Important: The tutor is responsible for approving the competence of their trainee. Any abuse of this responsibility resulting from any family relationship will be a fitness to practise issue for the pharmacist and we may terminate the trainee's training placement.

Section 7 Declaration by applicant

We will only be able to process your application if you have signed and dated your application form. It is important that you have a full understanding of the declaration before you sign it.

Section 8 – Learning contract

Both you and your tutor must commit fully to the training period. To confirm this commitment we need you to send us a learning contract, signed by both of you. We need this learning contract to validate your registration assessment and registration applications. Please therefore ensure that the same signature is used on all documents sent to the GPhC throughout the pre-registration year. You should keep a copy of this contract in your portfolio. A learning contract is not a contract of employment, but an agreement by you and your tutor to commit to providing and receiving training. If you do not have it signed as part of this application, we will not be able to process your application.

The learning contract must be signed by your proposed tutor, who will be named on the application form. If you intend to have more than one tutor during the training year, both tutors should sign the learning contract.

If you cannot physically meet your tutor before the start of your placement we will accept a scanned, signed copy so you are able to meet our requirements.

Section 9 – Equality monitoring

We are committed to promoting equality, valuing diversity and being inclusive in all our work as a health professions regulator, and ensuring that our equality duties are met. This section of the form will provide us with useful information to check that this happens. You do not have to complete the equality monitoring form and the information you provide here will only be used for monitoring purposes.

Section 10 – Photograph certification

When accepting certified photographs we follow the standards of HM Passport Office. You will find details of who can certify your photo on the GOV.UK website at: **www.gov.uk/who-can-sign-passport-driving-licence-applications**

Important: The counter-signatory must have known you for **two** years. **You must staple your photo to the form.** If you do not, and it becomes separated in the post, you will have to send another copy.

As the OSPAP course is only one year we will accept signatures from your OSPAP tutor.

Payment form

You need to pay to join the pharmacist pre-registration scheme. If we are unable to take the payment, this may delay you being able to start training.

Before you send your application you should make a copy for your records.

C. After submitting your application form

How long will it take to process?

We cannot tell you how long your application will take to process. If any aspect of the training arrangement does not meet our requirements, your application may be delayed. For information about application deadlines please visit the **key dates page** on our website.

Which assessment will I be sitting?

This will depend on the date you start GPhC-approved training and when you are able to meet the assessment entry criteria.

What if my tutors, site or dates have changed after I have sent in my application?

If your training details have changed please send a scanned copy of the *Change of training details* form (which can be downloaded from the online pre registration manual) to prereg@pharmacyregulation.org. Please include your full name, date of birth and university in your email.

When will payment be taken?

Because of the number of applications we receive, we cannot confirm exactly when payment will be taken for your application – only that it will be taken before you begin training.

How can I confirm my application has been received?

We will not confirm receipt of individual applications. We advise you to send your application by a 'traceable' method so you can make sure it arrives at the GPhC.

How will I know my application has been approved?

We will send you an email once your application has been processed. This will either confirm that you are able to start training or will highlight any issues. We will send you a welcome letter (to your training site) within six weeks of you starting training, as long as you have sent your application to us in good time. You may start training without this letter. Please email info@pharmacyregulation.org to confirm that your application has been approved if you have not already received an email from us by the week prior to your intended training start date.

Do you provide a training manual?

Yes, you can find the manual here: www.pharmacyregulation.org/preregmanual

The manual is a live document that is updated throughout the training year, so you should always confirm any information using the online text rather than any earlier PDF versions.

We do not produce hard copies of this manual. If you would like a paper version you will need to print it yourself, and you are responsible for checking that you are using the most up-to-date version.

D. What will delay me starting training?

What if I have not yet passed my MPharm or OSPAP?

You can apply to start training before you know if you have passed your MPharm or OSPAP. However you cannot start training until you have passed your MPharm or OSPAP **and** we have been notified about this. Your university will confirm your results directly to us, once they have awarded you a recognised MPharm or OSPAP. We will then tell you that you can start training, if all of the other parts of your application meet our training requirements.

If your name does not appear on the pass list you will receive an email from us rejecting your application.

Important: You must apply for registration within the timeframes given in our criteria for registration as a pharmacist available on our website at www.pharmacyregulation.org/registration/registering-pharmacist. Please read the criteria to see how they affect you.

What if I have failed my MPharm or OSPAP and will be re-sitting?

If you have failed, you should contact us to change your start date.

You cannot start training until you have passed your MPharm or OSPAP and your name appears on the pass list sent to the GPhC. Therefore, you may have to delay your start date and this may affect your assessment eligibility. You cannot start until we have been notified by your university. (It is your responsibility to make sure your university confirms that you have passed and your responsibility to inform your employer if you have been unsuccessful).

If your application is incomplete or we have to contact you with any issues there may be a delay in you being able to start training.

**End of the guidance notes:
the application form starts on the following page.**

Please keep a copy of the guidance notes for your reference.

Pharmacist pre-registration scheme – application form

September 2017

Version 2.3

Post your form to:

Pre-registration – New Trainees

Customer Services

General Pharmaceutical Council

25 Canada Square

LONDON

E14 5LQ

Important:

- Please read the guidance notes before filling in the form.
- Please separate this form from the guidance notes.
- If you want to sit the summer 2019 assessment, we **must** receive your application by 1 June 2018.
- Please keep a copy of your application form and any documents you send with it.
- If you are posting the form, please use a 'traceable' method such as recorded delivery, we do not accept hand delivered applications.

GPhC use only:

Pre-reg number	
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1 Your personal details

Please complete this form in block capitals

1.1 Title Mr Mrs Ms Miss Other

1.2 First name(s)

1.3 Middle name(s)

1.4 Last name

1.5 Date of birth

1.6 Your existing pre-registration number (if you have one)

1.7 Home address

Postcode

Country

1.8 Home phone Work phone

Mobile

1.9 Email address

Email will be our main method of communication during your pre registration year.

2 Details of your degree

2.1 University or higher education institute where you studied for your MPharm or OSPAP degree:

2.2 The year you started your degree course

2.3 The year you passed/anticipate to pass your degree course

3 Fitness to practise

Under 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. This means you are **not** entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the Act. If you have any such convictions and do not declare them, this could result in your application for registration being rejected.

3.1 Has a determination ever been made against you – by a regulatory body in the United Kingdom responsible 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, has a determination to the same effect been made by a regulatory body elsewhere?

Yes No

3.2 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

3.3 Have you ever been convicted or cautioned for a criminal offence in the British Islands (England, Scotland, Wales, Northern Ireland, the Channel Islands, or the Isle of Man)? Or, have you ever been convicted or cautioned for an offence 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?

Important: Road traffic offences and other minor offences where the person committing the offence has been offered the option of paying a fixed penalty (for example, certain speeding offences and so on) will not be treated as a conviction for the purposes of registration and need not be declared.

Yes No

3.4 Have you ever agreed to pay a penalty under section 115A of the Social Security Administration Act 1992 (where you have agreed to pay a penalty as an alternative to prosecution)?

Yes No

3.5 Are you currently under investigation by any regulatory body (other than the GPhC) or criminal enforcement authority (for example, the police or NHS Counter Fraud Service) in the British Islands or elsewhere?

Yes No

3.6 Have you ever accepted a 'conditional offer' under section 302 of the Criminal Procedure (Scotland) Act 1995 (also called a 'fixed penalty conditional offer by the Procurator Fiscal')? Or, have you ever been subject to an order under section 246(2) or (3) of the Criminal Procedure (Scotland) Act 1995 discharging you absolutely (also called an 'admonition and absolute discharge')?

Yes No

3.7 Have you ever been placed on the adult's or children's barred list maintained by the Disclosure and Barring Service (in England, Wales or Northern Ireland) under the Safeguarding Vulnerable Groups Act 2006, or on the children's list or adult's list maintained by the Scottish Ministers under the Protection of Vulnerable Groups (Scotland) Act 2007?

Yes No

3.8 Are you currently the subject of fitness to practise proceedings by your academic institution? Or, have you ever been the subject of fitness to practise proceedings that resulted in a sanction of suspension or dismissal in the British Islands or elsewhere?

Yes No

3.9 Are you currently the subject of disciplinary proceedings connected with a training placement or employment? Or, have you ever been the subject of disciplinary proceedings during any training placement or employment that resulted in a sanction of suspension or dismissal in the British Islands or elsewhere?

Yes No

If you have answered 'Yes' to any of questions 3.1 to 3.10 please give details in the box below. We may contact you if we require further information at this stage.

Please note that at the point of registration you will be required to complete a Something to Declare form.

4. Training site details

4.1 Name and address of the site

If you are training at more than one site, this is the address we will use to write to you

Postcode

4.2 Pharmacy/training site registration number

4.3 Your training start date

4.4 Your training end date

4.5 Training site expiry date

4.6 Is your site approved to provide training for **all** your training period?

Yes No

4.7 If your site is not approved, have you contacted your training provider or tutor?

Yes No

(Important: you cannot start training until your site is approved)

4.8 Have you confirmed your start date with your tutor or employer?

Yes No

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

Yes No

4.10 Are you related to a director, or do you have a relationship with a director or employee of the pharmacy where you want to train?

Yes No

If you are doing a joint, split or integral placement that includes at least 13 weeks (or equivalent) at a different training site(s), please fill in section 5.

If you are doing 52 weeks' training at one site, please go to section 6.

5. Additional training site details – for joint/split/integral placements only

5.1 Name and
address of the 2nd site

Postcode

5.2 Pharmacy/training site registration number

5.3 Your training start date

5.4 Your training end date

5.5 Training site expiry date

5.6 Is your site approved to provide training for **all** your training period?

Yes No

5.7 If your site is not approved, have you contacted your training provider or tutor?
(**Important:** you cannot start training until your site is approved)

Yes No

5.8 Have you confirmed your start date with your tutor or employer?

Yes No

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

Yes No

5.10 Are you related to a director, or do you have a relationship with a director
or employee of this pharmacy?

Yes No

If you are training at both sites at the same time we will use the address you gave in section 4 when we write to you.

6. Tutor details

Please fill in this section on your tutor's behalf. You may need to contact them to confirm these details.

6.1 Tutor name

6.2 Training site

6.3 Tutor email

6.4 GPhC number

6.5 Does your tutor meet the tutor suitability requirements? Yes No

Are you the tutor's only trainee? Yes No

If your tutor does not meet the tutor suitability requirements they cannot act as your tutor

Second tutor details (for joint/split or integral placements only)

6.6 Tutor name

6.7 Training site

6.8 Tutor email

6.9 GPhC number

6.10 Does your tutor meet the tutor suitability requirements? Yes No

For **joint-tutoring** arrangements you must include a joint-tutoring application form.

For **split/joint** arrangements you must have both tutors sign the learning contract.

7. Declaration by applicant

I declare that

- a. The information I have given in this form and in any supporting documents is complete, true and accurate. I am aware that I must tell the GPhC about any changes to my name, tutor, training site address or other contact details, within one month starting from the day on which the change happened.
- b. I will follow the requirements covering the pre-registration scheme.
- c. I have told the GPhC about any fitness to practise issues. I understand that this information may be provided to my pre-registration training employer in the public interest.
- d. I have told my employer about any fitness to practise issues relevant to my placement.
- e. I will adhere to the standards for pharmacy professionals published by the General Pharmaceutical Council.

I understand that

- f. I am applying to join the pre-registration scheme, and the GPhC may use the information I have given in this form to assess my application. The GPhC may make any enquiries it considers relevant and appropriate to verify the details I have given on this application form.
- g. If I am found to have given false or misleading information in connection with my application for pre-registration training, the GPhC may reject my application and refer the matter to the relevant law enforcement agencies and any other third party it considers should be notified.
- h. I must tell the GPhC if there is any change that affects the fitness to practise declaration that I have made in section 3, within seven days starting from the day on which the event happened. I understand and accept that this information may also be used in future in relation to determining an application for entry to the register or assessing my fitness to practise, and that updated information may be requested at any such time for these purposes.
- i. The GPhC may discuss or disclose any personal or sensitive data that it holds about a pre-registration trainee pharmacist with or to 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 proportionate in the public interest.
- j. If I am allowed to join the pre-registration training scheme, this does not mean the GPhC is making any assurances, undertakings or guarantees to me that I will be registered with the GPhC as a pharmacist.
- k. The requirements for the pre-registration scheme are given in section 2 of the GPhC pre-registration scheme manual, and the procedures for the initial education and training of pharmacists and pharmacy technicians are given in the GPhC's standards for the initial education and training of pharmacists.

Signature

Date

Data protection

The GPhC is a data controller registered with the Information Commissioner's Office. **Our full privacy policy is available on our website.** You can find out more about your rights under the Data Protection Act 1998 from **the ICO website.**

If you want to see personal information that we may hold about you, please send your request in writing to the Governance team at: **Governance Team, General Pharmaceutical Council, 25 Canada Square, London, E14 5LQ** or via email at **foi@pharmacyregulation.org**. You may be asked to give proof of your identity.

8. Learning contract

This section of the application form is an agreement between the pre-registration tutor(s) and trainee. It covers the key aspects of working together. It clarifies what is expected in preparation for, and during, pre-registration training. It should be discussed and signed by both parties.

I, _____ (*trainee name*) and

I, _____ (*tutor name*)

& I, _____ (*second tutors name if applicable*)

will act in line with the GPhC's standards for pharmacy professionals. We make the following commitments to each other. We:

- will follow the GPhC pre-registration scheme requirements, as explained in the GPhC's pre-registration manual, and understand the GPhC's expectations of a tutor as explained in their guidance
- understand the learning outcomes required by the GPhC to complete pre-registration training and meet the criteria for registration as a pharmacist. The learning outcomes, set out in section 10 of the education standards, are: skills, attitudes and knowledge as defined by 76 performance standards, described in the pre-registration manual, the GPhC standards for pharmacy professionals, and the registration assessment framework
- will carry out GPhC formal progress reviews at weeks 13, 26 and 39, and at the end of training, and submit these to the GPhC when progress is assessed to be unsatisfactory
- will carry out regular progress reviews that are conducted in a professional manner, and are open and honest, to provide meaningful feedback to both trainee and tutor. These reviews will be supportive and encourage learning
- will discuss and resolve any concerns at an early stage. If we cannot resolve a concern, or if the problem is outside the scope of our learning relationship, we will escalate as appropriate
- expect the training to be self-directed, with mutually agreed time dedicated to study and reflection on learning that will be documented in a portfolio for joint review
- will ensure that all practice is supervised appropriately, and is respectful of the skills and knowledge of all team members, whose feedback should also be considered
- will encourage a proactive approach to seeking answers and solving problems, with clearly defined boundaries related to the stage of learning to make sure patient safety is maintained
- understand the tutor suitability policy and be aware that tutoring can be revoked if this is not met
- will work to a training plan that is provided by the tutor and agreed before training starts

Tick here to confirm that an initial training plan template has been shared

[Learning contract continues onto the next page](#)

The training plan will:

- provide a structure to meet all the GPhC's required learning outcomes
- include targets and objectives to define practical competence at any particular stage
- include access to off-site learning opportunities such as study days, training events and multidisciplinary working
- schedule GPhC formal progress reviews
- be reviewed jointly, adapted and agreed at the start of the training period and after each formal review to target individual learning needs

Declarations for Joint Tutoring arrangements:

- we request to enter a joint-tutoring arrangement for the above trainee
- can confirm that neither of us is or has been under investigation by the GPhC
- will both be responsible for carrying out the trainee's progress reviews
- confirm that our combined contact time with the trainee is at least 28 hours over 4 days
- will communicate with each other regularly to make sure we agree the trainee's current training needs and level of competence

As the tutor(s), I/we will act in line with the GPhC's guidance on tutoring for pharmacists and pharmacy technicians.

Signed (Trainee):

Signed (Tutor):

Signed (second Tutor if applicable):

Date:

9. Equality monitoring

We are committed to promoting equality, valuing diversity and being inclusive in all our work as a health professions regulator, and ensuring that our equality duties are met. Completing this section is not mandatory and the information you provide here will be used purely for monitoring purposes

What is your ethnic group? Please tick one box

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 say)

Asian or Asian British

Indian Pakistani

Bangladeshi Chinese

Other Asian (please say) Other ethnic group

If you have ticked one of the 'Other' boxes please give details

What is your gender?

Male Female Other

What is your religion?

None Christian Buddhist Hindu

Jewish Muslim Sikh Other

If you have ticked 'Other' please give details

What is your nationality?

Do you consider that you have a disability?

Yes No

10. Photograph certification

This section must be filled in by the person who signs the back of the photograph.

The counter signer must have known you for at least two years and be able to sign a UK passport application photograph. Please refer to this website for information on who can sign your photograph:

www.gov.uk/who-can-sign-passport-driving-licence-applications

Please note that MPharm/OSPAP students, or pre registration trainees are not able to counter sign your photograph.

Staple your certified photograph here

Example of what to write on the back of the photograph when certifying it

**I certify this is a true likeness of
(applicant's full name and title)**

(Signature of certifying person and date)

Name

Address

Occupation (please see UK Passport website for acceptable occupations)

If the counter signer does not meet the UK passport application requirements your application may be delayed

Phone number

Email address

By countersigning this application, you agree that the GPhC may contact you to check the information that you have given.

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

 (enter applicant's name)

for years and the information I have given is correct.

Signature

Date

Both the signature and date must match what is on the back of the photograph.

That is the end of the application form.

Please fill in the payment form on the next page and make a copy of your application for your records.

Keep the guidance notes for your records.

Name of applicant

Please charge this card with:

£142 Pre-registration fee

£71 Bradford sandwich fee

Charge this card with the total of: £ .

Please tick to say whether you are paying by:

Debit card Credit card

Type of card *(Please tick one)*

Mastercard Visa Visa Purchasing Visa Delta

Card number (Insert the exact number of digits in your card number only)

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

Valid from date **Expiry date**

Name of cardholder

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

Address of cardholder

Postcode

Signature

Date