

### Application to be included in the Pharmaceutical Services List

APPLICATION APPROVED: YES/NO	DATE:
SIGNED:	NAME:

*Information - An applicant must supply, in writing, information about himself or where the applicant is a body corporate, any of its directors or superintendent pharmacist:*

**Details of applicant/s:**

Individual applicant		
Full name:		
Date of birth:	Sex:	
Private address and telephone number: <i>(for PCT use only)</i>		
Daytime telephone number:		
Are you a registered pharmacist?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Registration details <i>(if applicable)</i> <i>(Schedule 4 Part 3 (1))</i>	Professional registration number:	Date of first registration on the register:

<b>Body Corporate</b>		
Full name of Body Corporate:		
Company registration number:		
Address and telephone number of the registered office:		
I declare that it is a person who is or who will be lawfully conducting the retail business in accordance with Section 69 of the Medicines Act 1968	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Details of any Primary Care Trust list or equivalent list from which it has been removed/contingently removed/refused admission to etc. <i>(Schedule 4 Part 3 (2))</i>		
Name and address of each director and superintendent pharmacist of the body corporate: <i>(Schedule 4 Part 3 (8))</i>		
<b>Position</b>	<b>Full name and title</b>	<b>Address</b>
1.		
2.		
3.		
4.		

## Pharmaceutical Qualifications

*Please list your pharmaceutical qualifications including (postgraduate), and where obtained. Enclose originals of the documents listed*

<b>Qualification</b>	<b>Institution (give name and place)</b>	<b>Date</b>	<b><u>Documents to enclose</u></b>
			Registration Certificate for the Royal Pharmaceutical Society Of Great Britain
			Indemnity Insurance Certificate
			Birth Certificate or passport is required for verification purposes
			<b>Originals must be supplied – photocopies are not acceptable</b>

## Details of Professional Experience

Please enter a complete professional employment record in chronological order (including starting and finishing dates of each appointment together with an **explanation of any gaps between appointments** in the space provided) with any additional supporting particulars.

*“Status” refers to contractor, locum, trainee, director and supervisor.*

### Community Pharmacy Experience

Start Date	End Date	Name and Location of Pharmacy	Status

### Hospital Experience


### Reasons for breaks in employment history

Date from	To	Reason

**Details of Professional Experience cont'd**

**Were you dismissed from any of the above stated appointments?**  Yes  No  
*(Schedule 4 Part 3 (6))*

**If your answer is yes please give details:**

**Any other information:**

## Clinical References

**Please read notes before completing**

Whether you are an individual applicant or the director of a body corporate who is a pharmacist and for all superintendent pharmacists, you must provide:

- *Details of two professional referees, who have consented, if requested, to provide a reference, i.e., which relates to your professional competence and abilities only. (Schedule 4 Part 3 (7)).*
- *The referees should be professional employment colleagues relating to two recent posts (which may include your current post) in which you have been employed as a pharmacist for 3 continuous months or more.*
- *If this is not possible because posts have been for a shorter duration or you have worked as a locum with a number of casual posts, you may include a referee from a frequently – held recurrent post, for example. If you still have difficulty with identifying two referees, you may choose alternatives, but you are required to supply a reason for this. If you have any doubts, ask the Primary Care Trust of the Local Pharmaceutical Committee for assistance.*
- *In general we are unwilling to accept references from family members or other close relations. However we appreciate that for some pharmacists, the only people who could provide a references will be a relative or family member. In that situation, we will require further checks of clinical competence to be carried out.*

<b>Referee 1</b>	<b>Referee 2</b>
<b>Name:</b>	<b>Name:</b>
<b>Address</b>	<b>Address</b>
<b>Telephone Number</b>	<b>Telephone Number</b>
<b>Current Position:</b>	<b>Current Position:</b>
<b>Period of employment:</b> From:                      To:	<b>Period of employment:</b> From:                      To:
<b>Reason why you are unable to provide name of a referee known for at least 3 months:</b>	

**Inclusion in the Harrow/Brent\* Primary Care Trust Pharmaceutical List**

**FOR INDIVIDUAL APPLICANT**

a) are you included on a Pharmaceutical List (or equivalent list) of a PCT?

Yes     No

Name of PCT or equivalent body:

Address

b) do you have an outstanding application including deferred inclusion and preliminary consent, in a list or equivalent list of a PCT ?

Yes     No

Name of PCT or equivalent body:

Address

If you have answered yes to any of the above please give details:

c) have you been: *(please tick)*

removed

contingently removed

currently suspended

or

refused admission

conditionally included

from any Primary Care Trust List or equivalent list.

Name of PCT or equivalent body:

Address

If you have ticked any of the above please give details.

**Inclusion in the Harrow/Brent Primary Care Trust Pharmaceutical List cont'd**

**Director of Body Corporate**

- a) If you are a Director of any Body Corporate that is included in any list of any Primary Care Trust, or equivalent lists, or which has an outstanding application (including deferred application) for inclusion in any list of any Primary Care Trust, or equivalent lists, supply the name of the Primary Care Trust in question, and the name and registered office of any such body:

**Name of Primary Care Trust:**

**Name of Registered Office:**

**Have you already provided Fitness to Practise information to your Home PCT?**  Yes  No  
*(Schedule 1, para 31 NHS Pharmaceutical Regulations 2005)*

**Or**

- b) If you are or you were in the preceding six months, or was at the time of the originating events, a Director of a Body Corporate, please give details of any list or equivalent list to which that body has been refused admission, in which it has been conditionally included, from which it has been removed or contingently removed or from which it is currently suspended and give an explanation as to why and details of the Primary Care Trust or equivalent body concerned.

**Name of Primary Care Trust:**

**Or Equivalent Body:**

**Please give details:**

### Declaration – relating to the applicant

Please answer the following questions relating to the applicant or, where the applicant is a body corporate, any of its directors or superintendent pharmacists. Additional information and details must be supplied in writing for any question answered with a 'yes':

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Have you any criminal convictions in the United Kingdom   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you been bound over following a criminal conviction in the United Kingdom  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Have you accepted a police caution in the United Kingdom  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have you in summary proceedings in Scotland in respect of an offence, been the subject of an order discharging you absolutely (without proceeding to conviction);   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Have you accepted a conditional offer under section 302 of the Criminal Procedure (Scotland) Act 1995 or a penalty under section 115A of the Social Security Administration Act 1992;   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Have you been convicted elsewhere of an offence, or what would constitute a criminal offence in England and Wales;  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Are you currently the subject of any proceedings which might lead to such a conviction, which have not yet been notified to the Primary Care Trust;   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Have you been subject to any investigation into your professional conduct by any licensing, regulatory or other body, where the outcome was adverse;  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Are you currently subject to any investigation into your professional conduct by any licensing, regulatory or other body;   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Are, or have you been where the outcome was adverse, the subject of any investigation into your professional conduct in respect of any current or previous employment;   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Are you the subject of any investigation by another Primary Care Trust or equivalent body, which might lead to your removal from any list or equivalent list;  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Are you to your knowledge, or have you been where the outcome was adverse, subject to any investigation by the NHS Counter Fraud and Security Management Service in relation to fraud;   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Have you been removed or contingently removed from, refused admission to, or conditionally included in, any list or equivalent list kept by another Primary Care Trust or equivalent body, or have you been or are you currently suspended from such a list, on fitness to practise grounds, and if so, why and the name of that Primary Care Trust or equivalent body; or | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Are, or have you ever been, subject to a national disqualification   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

***Applicants should give details including approximate dates, or where any investigation or proceedings were or are to be brought, the nature of that investigation or proceedings, and any outcome (Schedule 4 Part 3 (4)).***

## Declaration cont'd

Please answer the following questions relating to if the applicant, (or where the applicant is a body corporate, any director or superintendent of the applicant), is or has in the preceding six months been, or was at the time of the originating events, a director or superintendent of a body corporate, information as to whether that body corporate. Additional information and details must be supplied in writing for any questioned answered with a 'yes':

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Has any criminal convictions in the United Kingdom;   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Has been convicted elsewhere of an offence, or what would constitute a criminal offence in England and Wales;   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Is currently the subject of any proceedings which might lead to such a conviction, which have not yet been notified to the Primary Care Trust;  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Has been subject to any investigation into its professional conduct by any licensing, regulatory or other body, where the outcome was adverse;  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Is currently subject to any investigation into its professional conduct by any licensing, regulatory or other body where the outcome was adverse;   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Is the subject of any investigation by another Primary Care Trust or equivalent body, which might lead to its removal from any list or equivalent list;   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Is, or has been where the outcome was adverse, the subject of any investigation into its professional conduct in respect of any current or previous employment;   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Has been removed or contingently removed from, refused admission to, or conditionally included in, any list or equivalent list kept by another Primary Care Trust or equivalent body, or has been or is currently suspended from such a list, on fitness to practise grounds, and if so, why and the name of that Primary Care Trust or equivalent body; or | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Is, or has ever been, subject to a national disqualification.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

***The applicant/s shall give the name and address of the registered office of the body corporate and details, including approximate dates, of where any investigation or proceedings were or are to be brought, the nature of that investigation or proceedings, and any outcome (Schedule 4 Part 3 (5)).***

**Undertaking and Declaration**

## **Undertaking**

I undertake to:

1. To notify the Primary Care Trust within 7 days in writing of any material changes to the information provided (*Schedule 4 Part 3 (12)*) until such time as:
  - He/she is included in the list;
  - He/she withdraws the application
  - The period specified in Regulation 39(2) for him to notify the Primary Care Trust he has commenced services in respect of which the application was made has expired;
  - Where preliminary consent is granted, the period for the grant has expired; or
  - The period for appealing a decision to refuse an application has expired and no appeal has been lodged, or an application has been refused on appeal either by the Family Health Services Appeal Unit or by the FHSAA.
2. Notify the Primary Care Trust of any material changes to the information provided in the application (information as above) whilst that application is being processed (*Schedule 4 Part 3 paragraph 3 (a)*)
3. Notify the Primary Care Trust if he is included, or applies to be included, in any other list or equivalent list held by a Primary Care Trust or equivalent body (*Schedule 4 Part 3 paragraph 3 (b)*).
4. Notify the Primary Care Trust within 28 days (or if this is not possible, as soon as practicable thereafter) (*Part 5 paragraph 1*) of:
  - Any occurrence requiring a change in the information recorded about you in the pharmaceutical list
  - As a pharmacist who is an individual, any change of your private address
  - As a pharmacist of a body corporate, any change to the address of your registered office: and
  - Any occurrence requiring your addition to or removal from the ETP list or a change in the information recorded about you in that list.
5. Consent, to the Primary Care Trust requesting from any employer, former employer, licensing, regulatory or other body in the United Kingdom or elsewhere, for information relating to a current investigation, or an investigation where the outcome was adverse, regarding myself or any body corporate of which I am or was, a director.

## Undertaking and Declaration cont'd

### Declaration

I consent to the information provided in this Declaration Form being used by Harrow/Brent\* NHS Primary Care Trust for the purpose of assessing my application. I confirm that the information given is correct and complete. I understand and accept that if I withhold information or provide false or misleading information this may result in my application being rejected, conditions imposed or removal from the Pharmaceutical List.

*\* Delete as appropriate*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_