

Application for registration as a pharmacist



Section 1 Explanatory notes

- 1.1 If applying to join the register please complete all sections and enclose a Certificate of Current Professional Standing (previously known as letter of good standing) issued by the GPhC together with the registration fee of £100 (cheques payable to "The Treasurer of the States").
- 1.2 Please return this form to the Chief Pharmacist, General Hospital, Gloucester Street, St Helier, Jersey, JE1 3QS

Section 2 Personal details

2.1 GPhC Registration No

2.2 Title Mr Mrs Ms Miss Other

2.3 Surname(s)

2.4 Forename(s)

2.5 Date of birth / /

2.6 Home address

 Postcode
Country

2.6 Home phone Mobile

2.7 Email address

Section 3 Fitness to practise matters

3.1 Has a determination ever been made against you by a regulatory body in the British Islands to the effect that you have been found guilty of misconduct and/or your fitness to practise 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

3.2 Do you currently have any problems with your mental and/or physical health that may impair your fitness to practice? Yes No

3.3 Do you have any previous convictions (including convictions by court martial) or cautions in the British Islands or elsewhere? Yes No

3.4 Are you currently under investigation by any regulatory body or criminal enforcement authority in the British Islands or elsewhere? Yes No

If you have answered '**No**' to all of the above questions go to Section 4

3.5 If you have answered '**Yes**' to any of the above questions, have you previously notified the Health and Social Services Minister, via Chief Pharmacist, of this information? Yes No

If you have answered '**No**' to question 3.5 you are required to submit a **Something to Declare Form** which is available from the Chief Pharmacist

Section 4 Declaration (tick one box only)

4.1 I am applying for registration as a pharmacist

4.2 The information I have provided for this application is complete, true and accurate.

4.3 I will comply with the standards of conduct, practice and performance (including the Code of Ethics and related guidance) published by the GPhC. I will comply with the Code's requirement to maintain CPD records and agree to provide these records and have them reviewed by the GPhC when required

4.4 I have in place appropriate indemnity arrangements

4.5 I will notify the Chief Pharmacist of any changes to my name, home address or other contact details

4.6 If I am found to have given false or misleading information in connection with my registration in the register this may be treated as misconduct and may be contrary to the provisions of Article 26 of the Pharmacists and Pharmacy Technicians (Registration) (Jersey) Law 2010.

Signed

Date