



**Royal
Pharmaceutical
Society**
of Great Britain

APPLICATION FOR REGISTRATION OF A PHARMACIST REGISTERED IN NORTHERN IRELAND.

The Royal Pharmaceutical Society of Great Britain [RPSGB] is the regulatory body for pharmacy in England Scotland and Wales [GB]. If you wish to practice as a pharmacist in those countries you must be registered with the RPSGB.

You should use this information pack to make your application. It is important that you follow the guidance notes provided. Your registration will be delayed by providing documents in the incorrect manner.

Please note that you should allow at least 6 weeks to complete the registration process from you submitting your application to your name appearing on the register and being eligible to practise as a pharmacist in GB.

You are required to provide the following documents as part of your application. You are strongly advised to send your application by some form of delivery that has to be signed for on receipt at the Society. Proof of posting is not proof of receipt.

1. Completed questionnaire from this pack.
2. Solicitor certified copies of your birth certificate, marriage certificate (for married female applicants), degree certificate and your passport (s).
3. Completed health declaration from this pack
4. A recent countersigned passport style photograph and completed photograph form from this pack.
5. Certificate(s) of Current Professional Status [letter(s) of good standing]
6. Completed statutory declaration from this pack if applicable.

Please note that in 2010 it is expected that the regulatory body for pharmacy in England Scotland and Wales will become the General Pharmaceutical Council (GPhC). Further information regarding the change can be accessed on www.rpsgb.org or www.pharmacyregulation.org

Guidance notes for completion of application:

1. Questionnaire:

You should apply for registration in the name given to you at birth. This includes all of the names on your birth certificate.

If you wish to register using any form of your name other than that exactly the same as on your birth certificate you should enter that name in section 1.0 and also complete declaration B of the declaration provided in this pack before a solicitor.

Please ensure that you complete all relevant sections of the questionnaire and sign and date it.

2. Certified copies

An acceptable certification of your birth / marriage certificate, degree certificate and passport should be as follows:

"I confirm that I have seen the original document and that this is a true copy of the original " or equivalent solicitor's stamp. This should be followed by the signature of the certifying solicitor and their business stamp. The Society will check the registration of the solicitor.

3. Health declaration

Your health declaration should be completed by your own doctor wherever possible. Please ensure your full name [as on your questionnaire] is entered on the health declaration and that you and the doctor complete all of the relevant sections

4. Photograph and form

The photograph should have been taken within the 6 months preceding your application and should be a passport style photograph.

The person certifying your photograph should have known you for at least 2 years and should complete the photograph form as well as certifying the back of your photograph.

On the back of the photograph they should state 'This is a true likeness of', print your full name as on your questionnaire, and sign and date the photograph.

On the form they should complete the relevant sections in a legible manner ensuring that they enter your full name as on your questionnaire and sign the form using the same signature and date as they have used on the photograph.

5. Certificate of Current Professional Status [CCPS] (Letter of Good Standing [LGS])

You are required to provide a CCPS / LGS from any regulatory body with which you are currently registered or have been registered within 5 years prior to this application.

The document [s] **must** be sent directly from the issuing body to the RPSGB International Registration department by post .

The address is as follows:

International Registration department
Royal Pharmaceutical Society of Great Britain
1, Lambeth High Street
London
SE1 7JN

Please note that you will not be sent the final application for registration form until we have received all your relevant CCPS / LGS [s]. You are advised to arrange the provision of this document as early as possible in the application process.

Any CCPS / LGS received before your application will be held on file at the Society until we receive your application or the document becomes out of date.

A CCPS / LGS is valid for 6 months from the date of issue. Your registration process must be completed while the CCPS / LGS is valid.

6. Statutory Declaration

Declaration A:

This should be completed if you are not able to provide a birth certificate that is acceptable for registration purposes. (Your birth must have been registered within 1 year of your actual date of birth). Please ensure you enter the correct names in both parts of declaration A.

Declaration B:

This should be completed if you are not using the full name (and in the same order) as shown on your birth certificate (and you have not provided a relevant marriage certificate). Please ensure you enter the correct names in both parts of declaration B and that the date entered for your change of name matches the information on your other documents.

Declaration C:

Should be completed if any of your documents show your name differently to that on your application.

The relevant sections should be completed before a solicitor. Both you and the solicitor should also sign and complete the back of the statutory declaration form.

Once these documents are received and satisfactory, an application for registration form, payment form and guidance notes will be sent to you at the email address you provide. Please ensure your email address is clearly written on your questionnaire.

You will be required to complete the application and payment forms in full, paying the registration fee of £202 for the calendar year 2010. The Society does not accept cheques. You must pay using the payment form provided.

Your registration date will normally be within 10 working days of your final application and payment forms being received satisfactorily. Please note that you are advised to send these forms by some form of delivery that has to be signed for on receipt at the Society. Proof of posting is not proof of receipt.

As previously advised, you should follow the guidance notes provided. If you do not provide the correct documents in the manner required your registration will be delayed.

You are advised not to commit yourself to an employment starting date until you are sure that your application documents are acceptable.

All communications from the Society will be by email wherever possible to provide an audit trail of your application.

Please note that you may not work as or claim to be a pharmacist in Great Britain until your name appears on the Society's register.

**International Registration
Royal Pharmaceutical Society of Great Britain,
1 Lambeth High Street,
London
SE1 7JN**

NORTHERN IRELAND APPLICATION FORM

QUESTIONNAIRE

1.0

First names:

Family names:

(please indicate Mr/Mrs/Miss/Ms)

Address:

Telephone Number:

Mobile Number:

Email address: [PLEASE USE CAPITALS]

1.1

Have you registered with any Professional / Regulatory Authority including the Pharmaceutical Society of Northern Ireland?

Yes

Name of Authority

Country

Date of first Registration

Please arrange for the Professional Authority to provide us with a certificate confirming your registration, if relevant, and good standing and current professional status with that authority. (This includes any other health professional authority that you may be registered with either in the UK or elsewhere)

No

1.2

Please list your employment (if any) since qualification as a pharmacist.

Date

Job Title

Address of employment

Have you previously applied for registration with the Society? (Tick appropriate box)

YES If YES, State date of application: ____/____/____
Day Month Year

NO

I declare that the information provided is, to the best of my knowledge, correct.

Signature: _____

Date: _____

If you wish to provide any additional information, please do so on a separate sheet.

January 2010

HEALTH DECLARATION

CONFIDENTIAL

Declaration by a Medical Practitioner

This declaration should be completed by either: (i) the applicant's usual medical practitioner, or (ii) a medical practitioner who has carried out a full medical examination of the applicant.

Applicant

First Names: _____

Applicant

Family

Names: _____

*(Please insert the applicant's full name. This **must** be identical to the applicant's name on their birth / marriage certificate).*

To the Registrar

The above named:

(i) has been a patient of mine for _____ years _____ months.

Or

(ii) has been examined by me on _____ (date)

Delete (i) or (ii) as applicable

I know of no reason, on grounds of mental or physical health, why she/he should not be able to discharge the responsibilities of a registered pharmacist, which I understand, may include taking sole charge of a community or hospital pharmacy.

Signed _____ Date _____

Printed Name _____

Registration Number _____ Official Surgery Stamp

Declaration by the applicant

I know of no reason, on grounds of mental or physical health, why I should not be able to discharge the responsibilities of a registered pharmacist, which I understand, may include taking sole charge of a community or hospital pharmacy.

Signed _____ Date _____

January 2010

Photograph Certification Guidance

You must provide 1 recent (within 6 months of application) passport style photograph that has been certified on the back as directed by an appropriate official.

Requirements for the Appropriate official.

The countersignatory (person who signs the photograph) must be a professional person, or a person of standing in the community. Examples include a pharmacist, your university lecturer, a UK registered solicitor or the legal equivalent in your Member State or a licensed Medical Practitioner. The person providing the countersignature must not be related to you by birth or marriage. Neither should they be in a personal relationship with you nor live at your address.

The countersignatory must:

- Have known you for at least 2 years
- Certify, sign and date the back of the photograph with the handwritten words. 'I certify that this is a true likeness of (give the applicant's full name and title)'.
- Complete and sign the section overleaf, 'Section to be completed by countersignatory'.

If you have any questions about who is an appropriate official you may contact International Registration department at overseas@rpsgb.org. If the doctor who has signed your health declaration or the official who has certified your documents as true copies complies with the requirements above then they can certify the photograph.

Requirements for the photograph

The photograph must be:

- Recent (taken within the last month)
- Taken against an off-white, cream or light grey plain background so that your features are clearly distinguishable against the background
- Printed on low-gloss, plain-white photo-quality paper
- Undamaged, for example, by creases from paperclips
- Of you on your own
- In sharp focus and clear
- Have a strong definition between the face and background

The photograph must also show:

- No shadows
- You facing forwards, looking straight towards the camera
- A neutral expression, with your mouth closed (no obvious grinning, frowning or raised eyebrows)
- Your eyes open and clearly visible (with no sunglasses or heavily tinted glasses and no hair across your eyes)
- No reflection or glare on your glasses, and the frames should not cover your eyes
- Your full head, without any head covering, unless it is worn for religious beliefs or medical reasons
- Nothing covering your face. Please ensure that nothing covers the outline of your eyes, nose or mouth.

Photograph Certification Form

Please clip or staple the certified photograph to this form

Section to be completed by countersignatory

This section must be completed with their details by the person who certifies the back of the photograph.

<u>First names:</u>	
<u>Family names:</u> (please indicate Mr/Mrs/Miss/Ms)	
Address:	
Telephone Number:	Occupation
Email address:	

By countersigning this photograph you agree that the Society may contact you to verify the information that you have provided.

I declare that I have certified the photograph enclosed and that I have known

_____ **[full name of applicant]**

for _____ years and that the information I have provided is correct.

Signature: _____

Date: _____

Statutory declaration

Refer to guidance notes for completion

You must complete whichever declaration(s) on this side of the form is/are applicable for your situation.

You must complete BOTH boxes on the other side of this form

DECLARATION A - Inability to provide a birth certificate

I *(Insert full name – this name must be identical to that on your Application for Registration)*

First

names _____

Family

Names _____

of _____

(insert home address)

do solemnly and sincerely declare to the best of my knowledge and belief, that I was born on _____

_____/_____/_____ in

Day Month Year (insert place of birth) Town & Country

and that that my given name at birth

was: _____

DECLARATION B – Using a name other than that on birth certificate

I *(Insert full name as written on birth certificate)*

First names _____

Family names _____

of _____

(insert home address)

do solemnly and sincerely declare that since _____

(insert date)

/

Day

/

Month

Year

I have used and in the future will be known by the name of _____

(insert full name you are now using – this name must be identical to that on your Application for Registration)

Please see overleaf for Declaration C.

DECLARATION C – If name on any document differs from name on Application for Registration

I *(insert full name as written on birth certificate)*

First names _____

Family names _____

of _____

(insert home address)

declare that all documents submitted with my Application for Registration relate to me and that all versions of my name relate to one and the same person.

THIS BOX TO BE COMPLETED BY THE APPLICANT

I *(insert full name you are now using. This name must be identical to that on your Application for Registration)*

First names _____

Family names _____

make this (these) declaration(s) conscientiously believing the same to be true and by virtue of the provisions of the Statutory Declaration Act, 1835.

Signed: _____

Date: _____

DECLARATION BY SOLICITOR (to be completed by the solicitor)

Declared at (insert full name and address of solicitor's premises):

This _____

day of

20 __ __

before me.

I confirm that I am authorised to administer this oath

Signed: _____

(insert here solicitor's stamp here)

Instructions for completing the appropriate declaration(s)

The appropriate declaration(s) on this form must be completed by the applicant in the presence of a solicitor, who should then complete the 'Declaration by solicitor' (above)

Declaration A: Unable to provide acceptable birth certificate

Declaration B: Change of name from that on birth certificate and not supported by marriage certificate

Declaration C: Documents have different names to names given in A or B.
Jan 2010