

Fitness to practise form

Section 1 Personal details

1.1 Name

1.2 Registration, application or pre-registration number

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Please fill in Section 2, 3 or 4 then sign and date the declaration in Section 5.

Section 2 Fitness to practise proceedings with other regulatory bodies

2.1 Name of regulatory body

2.2 Date on which the finding was made against you

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2.3 Details of the finding made against you.

Continue on a separate sheet if necessary.

2.4 Provide any further information about the finding or allegations made against you, that you wish us to know about.

Continue on a separate sheet if necessary.

2.5 List any supporting documents you have included with this form, for instance a copy of the charges/allegations and/or the findings against you.

Applicants are advised to include a testimonial from their countersigning pharmacist or pre-registration tutor. The signatory will need to confirm that they are aware of the finding.

Section 3 Criminal proceedings

3.1 Name and type of offence

3.2 Date of offence / /

3.3 For convictions, bindovers and conditional discharges provide the name and address of the court where you were convicted. For cautions provide the name of the charging officer and address of police station where you received the caution.

3.4 Provide a description of the circumstances of offence. This should include the time and location of the offence, your relationship to those involved (if relevant) and any mitigating factors.
Continue on a separate sheet if necessary.

3.5 Provide any further information about the offence that you wish us to know about. This may include any steps you have taken to rehabilitate yourself after the offence or any insight you have into the nature of the offence.
Continue on a separate sheet if necessary.

3.6 List any supporting documents you have included with this form, for instance your certificate of conviction or caution.
Applicants are advised to include a testimonial from their countersigning pharmacist or pre-registration tutor. The signatory will need to confirm that they are aware of the offence.

Section 4 Health

4.1 Description of your condition.

4.2 The date of the initial diagnosis and subsequent history (for instance is the condition currently active or relapsing).

4.3 How do you manage your condition?

4.3 What adjustments have been made to your practice due to the declared health matter?

4.4 List any supporting documents you have included with this form, for instance a letter from your medical practitioner or consultant.

Applicants are advised to include a letter from their countersigning pharmacist or pre-registration tutor regarding your ability to practice.

Section 5 Declaration

The information I give in this form and in any supporting documents is complete, true and accurate.

Signature

Date

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