

Good Character Assessment Framework Template

Applicant's name

Application number

Evaluated by

Date

 / /

Seriousness of the offence

Relevance to pharmacy

Recency of offence

Applicant's age at time of offence

Personal mitigation (if any)

Rehabilitation (if any)

Applicant's insight (if any)

Testimonials (if any)

Is conduct characteristic

Disclosure of offence

Co-operation by applicant

Did the offence:

Involve dishonesty, fraud or misrepresentation

YES / NO

Indicate drug or alcohol dependency

YES / NO

Result in a criminal conviction or finding of misconduct/unfitness to practice
by any body responsible for the regulation of a health or social care profession

YES / NO

Involve violence exhibiting intentional or deliberate disregard of human life

YES / NO

Involve non-consensual sexual acts

YES / NO

Involve any sexual acts with children

YES / NO

Involve trafficking in, or illegally manufacturing, any controlled drug

YES / NO

Pose a threat to public health, safety or welfare

YES / NO

Involve discrimination on the grounds of race/colour/religion

YES / NO

Indicate a blatant disregard for the law or the system of registration

YES / NO

Recommendation

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Registrar / Deputy Registrar

Reasons

Signature

Date

/ /