

PRE-REGISTRATION TRAINING
26 WEEK DECLARATION

PRE-REGISTRATION TRAINEE'S NAME IN FULL (*Please print*)

TO: **THE REGISTRAR**
PHARMACEUTICAL SOCIETY OF NI

I (Tutor's name in full, *Please print*)

Being the Tutor for the Pre-registration Experience undertaken at the following establishment(s)

HEREBY DECLARE THAT

TRAINEE'S NAME (in full) _____

TRAINEE'S ADDRESS _____

- i. Has demonstrated competence in relation to the performance standards required by the Pharmaceutical Society of NI.
- ii. Has completed approximately 50% of performance standards at 26 weeks
- iii. Has a professional attitude and sense of responsibility
- iv. Will have completed a period totalling 26 calendar weeks of pre-registration training
From _____ To _____ (*insert dates of full training period*)

DATE..... TUTOR'S SIGNATURE.....