



PHARMACEUTICAL SOCIETY OF NORTHERN IRELAND
73 University Street, Belfast, BT7 1HL
Telephone: (028) 90326927
Fax: (028) 90439919

PRIVATE & CONFIDENTIAL

**APPLICATION TO EMPLOY PHARMACY GRADUATES FOR THE
PURPOSE OF PRE-REGISTRATION EXPERIENCE
IN A REGISTERED PHARMACY**

I hereby apply for permission to employ graduates in pharmacy, for the purpose of fulfilling the pre-registration experience requirement for registration as a pharmaceutical chemist in Northern Ireland.

I submit the following particulars and agree to allow the premises to be inspected for this purpose. If this application is granted the Society's requirements and conditions for pre-registration experience will be observed.

SIGNED..... **DATE**.....

***(Pharmacist owner, director, superintendent)**

*delete where appropriate

(1) NAME OF OWNER:.....

(2) REGISTERED NAME & ADDRESS OF PREMISES:.....

.....

.....

POSTCODE:.....TELEPHONE NO:.....

(Normally the premises must have been registered as a pharmacy for at least one year)

(3) PRE-REGISTRATION TUTOR

A pharmacist who is eligible according to the Society's Regulations to be a tutor will be identified as the Pre-registration Tutor (See Regulations and Guidance Notes). The Society will be informed of the name of this pharmacist at least three months prior to the commencement of any pre-registration training period.

(4) HOURS OF EMPLOYMENT OF GRADUATE(S)

State total hours per week and the precise period (giving times) usually worked each day.

	HOURS WORKED	TOTAL
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		
SUNDAY		
TOTAL		

(5) REFERENCE SOURCES

The graduate will have ready access to the current editions of the reference sources that are specified by Council prior to the commencement of each period of pre-registration training. (Current list appended)