

**PRE-REGISTRATION TRAINING
26 WEEK DECLARATION**

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

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

If a Co-tutoring arrangement is in place, both tutors must complete this section

I/We (Tutor's name in full, *please print*)

Being the Tutor(s) 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 totaling 26 calendar weeks of pre-registration training

From To (*insert dates of training period*)

DATE _____ TUTOR(S) SIGNATURE _____ / _____