



Application for registration as an EEA qualified pharmacist in Northern Ireland

Information and Application pack

Application for registration of a pharmacist who qualified in the EEA

The Pharmaceutical Society NI (the organisation):

Pharmacists who have been first registered in the European Economic Area (EEA) and wish to register in Northern Ireland, must apply to the Pharmaceutical Society NI

An applicant is required to complete this application pack if they meet the following three requirements.

The applicant is:

- **a national of a member state of the European Economic Area or is an exempt person**
- **in good standing with their professional authority in their member state**
- **entitled to practise as a pharmacist in the EEA**

ALL DOCUMENTS SHOULD BE SENT TO:

Registration Department

73 University Street

Belfast

BT7 1HL

Tel: 02890 326927

registration@psni.org.uk

Documents required from the applicant (both routes to registration)

1. Application form for applicant first registered in EEA

An applicant should complete the application form at appendix A. An applicant should apply for registration in the name given to them at birth. This includes all of the names on their birth certificate.

If an applicant wishes to register using any form of their name other than as it appears exactly on their birth certificate (not including a change of surname that can be evidenced by producing a solicitor certified copy of marriage certificate) they must enter that name on the application form and complete declaration B of the statutory declaration provided in this pack before a solicitor.

Please ensure that the application:

- is written clearly;
- includes a legible email address where possible. This will enhance the communication process;
- includes a UK/ROI postal address where possible;
- is completed in full

2. Diploma/ Degree certificate

An applicant must provide a certified copy of their diploma/degree certificate. If the applicant cannot provide this document then they must provide a letter from their University confirming that they have awarded the qualification.

3. License to Practise

An applicant must provide a certified copy of their licence to practise issued by their qualifying member state.

4. Passport/ Proof of nationality

An applicant should provide a certified copy of their passport identity page (including the photograph).

Please note applicants do not have to include all the blank pages of their passport in the copy. The organisation needs to see the identification pages and any validity extension page.

5. Birth/ Marriage certificates

- Applicants should provide a certified copy of their birth certificate where possible (translated as necessary – see guidance on translations). Where an applicant is unable to provide a birth certificate they should complete declaration A of the statutory declaration at appendix C enclosed within this pack.
- Applicants who have changed their name by marriage (female applicants) should provide a certified copy of their marriage certificate (translated as necessary).

Change of name other than by marriage

If an applicant has changed their name other than by marriage then they should complete declaration B of the statutory declaration at appendix C enclosed in this pack.

Names different on documents

An applicant's name should be exactly the same on all documents provided. If an applicant's name appears differently to that on their birth or marriage certificate or any of their documents they should complete declaration C of the statutory declaration at appendix C.

6. Photograph and form

The photograph submitted should have been taken within the 6 months prior to making the application and be a passport style photograph. Please refer to appendix B for details of requirements with regard the photograph submitted.

The person certifying the photograph should have known the applicant for at least 2 years and should complete the photograph form as well as certifying the back of the photograph. For further details of requirements with regard person certifying passport photograph, please refer to appendix B.

7. Statutory Declaration – Appendix C

Please note applicants must complete these declarations (if relevant) in front of a solicitor who must also complete, sign, date and stamp the declaration on the back of the statutory declaration form.

Declaration A: This declaration should be completed if the applicant is not able to provide a birth certificate that is acceptable for registration purposes. Please ensure that the correct name is entered in both parts of declaration A.

Declaration B: This should be completed if the applicant is not using the full name (and in the same order) as shown on their birth certificate (and they have not provided a relevant marriage certificate). Please ensure that the correct names are in both parts of declaration B and that the date entered for the change of name matches the information on the other documents submitted.

Declaration C: This should be completed by an applicant whose name is different on their documents to that on their application. An applicant's name should be exactly the same on all documents provided. If an applicant's name appears differently to that on their birth or marriage certificate on any of their documents, declaration C of the statutory declaration enclosed with this pack should be completed.

Please note the applicant must also complete the declaration on the back of the statutory declaration form (if completing a statutory declaration).

8. Details of employment as a pharmacist since first registering

Applicants must complete the form at appendix D (where possible) outlining details of where they have been employed as a pharmacist since the date of their first registration.

Documents to be supplied to Pharmaceutical Society NI directly from the issuing body

1. Evidence of registration and good standing (Certificate of current professional status)

- This must be an original document (not a certified copy) from the applicant's competent authority which confirms registration and good standing with that authority. **This document must be sent direct to the Pharmaceutical Society NI by the applicant's competent authority. The organisation will not accept this document from the applicant.** The competent authority must confirm that the applicant has not been the subject of any disciplinary proceedings and that there are no pending disciplinary proceedings against them.
- An applicant who is not registered with a competent authority is required to provide a letter from the relevant competent authority (the professional competent authority from the applicant's member state of qualification) that confirms that if the applicant wished to register with that authority, there would be no known reason to prevent this registration or the applicant's ability to practise as a pharmacist in that state. Applicants who are not registered in their member state of qualification or any other member state are required to also submit an up to date clear police record from their member state of qualification.
- Under Article 50 of Directive 2005/36/EC a letter of good standing has validity for 3 months. A completed application must be submitted within 3 months of the date of issue of the applicant's certificate of current professional status. Applicants are strongly advised not to delay sending in their application once they have requested their certificate of current professional status.
- Applicants that have been registered with more than one competent authority and/or have worked in an additional country during the last 5 years must submit certificate(s) of current professional status from each of these authorities.

2. Compliance with Directives

- The organisation requires an original document from the applicant's competent authority which confirms their qualification or work experience complies with the relevant European Directives. **This document must be sent direct to the Pharmaceutical Society NI by the applicant's competent authority. The organisation will not accept this document from the applicant.**
- Documents confirming compliance with Article 23 of Directive 2005/36/EC i.e. the 'acquired rights' certificate have a validity of 3 months. A completed application must be submitted within 3 months of the date of issue of this document. Applicants are strongly advised not to delay sending in their application once they have requested this document.

EEA routes to registration

There are two possible routes for EEA applicants to registration. These are outlined as follows:

Route A – Standard Route (qualify for automatic recognition or acquired rights)

An applicant is eligible to apply through route A if they meet either of the following requirements: (which can be evidenced via documentation received directly from their competent authority)

- Hold a qualification in pharmacy from a member state of the EEA which is listed in Annex V, section 5.6.2 of Directive 2005/36/EC (or if not listed is regarded as comparable to the qualification listed in the Annex) and which complies with all the training requirements described in Article 44 of Directive;

or

- Hold a qualification in pharmacy from a member state of the EEA which was started before the reference date specified in the Annex for that member state and have worked in a member state in an activity referred to in Article 45 of Directive 2005/36/EC (which is also an activity regulated by that member state) for at least 3 consecutive years during the five years preceding the award of the certificate. These are the 'acquired rights' provisions of Article 23 of Directive 2005/36/EC.

Once an applicant has submitted an application for registration it will be acknowledged by letter or email.

An applicant is required to complete the application in full and pay a non-refundable application fee of **£398.00**.

The organisation will endeavour to complete the process on receipt of a completed application and fee within 10 working days of receipt of a completed application.

An applicant is **not permitted to practise** until they have confirmation that they are registered. An applicant can further check their registration status by checking the online register at the address below:

<http://www.psn.org.uk/search-register>

Please turn overleaf for details of Route B
Route B – Comparative Assessment Route

An applicant is eligible to apply through route B if they meet any of the following requirements:

- the applicant is an EEA or Swiss national and holds a pharmacy qualification from a member state that was started before the reference date in the Directive for that member state and the applicant has not worked for 3 consecutive years in the last 5 years as a pharmacist;
- or
- the applicant is an EEA or Swiss national and holds a pharmacy qualification from a member state that was started after the reference date but the competent authority has confirmed that the applicant's qualification does not comply with the minimum training requirements of Article 44 of Directive 2005/36/EC;
- or
- the applicant is an EEA or Swiss national and holds a pharmacy qualification that was obtained outside the EEA or Switzerland but has been recognised by a member state and that the applicant has been permitted to practise in that state.

Once an applicant has submitted all of the documentation described the organisation will assess their eligibility to apply through route B. The organisation will acknowledge receipt of an application within 3 working days of receipt by either letter or email to the address provided.

Route B eligible applicants may be asked to provide further information to assist their application. Applicants will have their qualifications and work experience comparatively assessed against the national requirements for registration i.e. the UK MPharm degree and 12 months pre-registration training.

There exists a service level agreement between Pharmaceutical Society NI and the General Pharmaceutical Council (GPhC) for processing EEA applications under the RPQ Directive comparative assessment (General Systems) provisions.

All applications made to the organisation that require comparative assessment of qualifications and work experience are therefore processed by GPhC.

During this part of the process the GPhC will correspond with the applicant directly. The Pharmaceutical Society NI will be copied into communications from the GPhC to the applicant.

Within 10 working days of receipt of the application and supporting documents the GPhC will send the applicant the comparative assessment application pack and request that these are completed and returned to the GPhC together with the academic transcript and syllabus of the qualification. The syllabus must be the document used by the applicant to complete the comparative assessment template. If these documents are not in English a translation by a recognised translator must be provided.

If gaps are identified the assessors will recommend completion of compensation measures through a period of adaptation training and possibly the passing of a registration assessment – currently an examination.

The GPhC will inform the applicant and Pharmaceutical Society NI of the required compensation measures in a Notice of Decision.

Under the existing EU legislation an applicant must be given the decision within 4 months of their application being complete and correct.

The GPhC will undertake to provide the decision on the application within this time scale. The Pharmaceutical Society NI has agreed to accept the GPhC's recommendation on the compensation measures.

The Notice of Decision will inform the applicant that they can undertake and complete the compensation measure wholly in either Northern Ireland or in Great Britain but not a combination of the two. It must be completed in accordance with all of the requirements for pre-registration training applicable in the particular jurisdiction. For example if the assessors require completion of 12 months of adaptation training with assessment –the full 12 months is to be completed in either Northern Ireland or Great Britain. It is not possible to complete 6 months in NI and 6 months in GB.

The Notice of Decision will inform the applicant of a right of appeal to the **GPhC Appeals**.

An applicant is required to complete the application in full and pay a non-refundable application fee of **£398.00** to the **Pharmaceutical Society NI**.

An applicant required to have their qualification evaluated by the GPhC must pay an additional £376 evaluation fee directly to the GPhC. The Pharmaceutical Society NI will not accept any payment for this part of the process.

Should an applicant determine to complete adaption training in Northern Ireland they would be required to pay the pre-registration training entry fee of **£206** to the **Pharmaceutical Society NI**.

An applicant is **not permitted to practise** until they have confirmation that they are registered. An applicant can further check their registration status by checking the online register at the address below:

<http://www.psni.org.uk/search-register>

Guidance on completing the application

1. Names

If variations of an applicants name appear on their documents, they must submit the following documents as are applicable:

- Marriage/Civil Partnership certificate
- Statutory declaration completed in front of a UK registered solicitor (see appendix C)

2. Certified copies of documents

Where a certified copy of a document is provided this must be certified as a true copy of the original. Certification must be by solicitor. The notarising official must complete the declaration: ***'I certify that I have seen the original document and that this is a true copy of the original'***.

The copy must be signed and dated and have the official solicitors stamp also giving details of the name and address of the solicitor certifying the documentation. No alterations or corrections are permitted (e.g. liquid paper).

3. Translations

If any of the documentation provided is not in English, an applicant is required to provide a certified translation in English as well as a certified copy of the original. The following requirements must be met:

- The translation must be completed by an authorised translator;
- It must be a literal translation. Not an interpretation of the original document;
- All certifications and ink stamps on the original document must also be translated;
- The translator must put their business stamp on each document translated and sign and date the statement "this is a true and accurate translation" and attach the translation to the original language document or provide a list of the documents translated.

4. Direct documents

The Pharmaceutical Society NI requires that certain documents are sent directly from the issuing body /person. If these documents are considered to have been supplied via the applicant or any other third party they will be rejected and the applicant will be required to arrange for new documents to provide in the correct manner.

5. Inability to provide documents

In general, an applicant's application will not be considered for recognition until all of the required documents have been received and are considered acceptable. If an applicant cannot supply any documents required they should provide a written explanation of why this situation has arisen. If the explanation is considered acceptable then the applicant will be advised of how to proceed and what alternative documents may be considered.

6. The Pharmaceutical Society NI reserves the right to request additional documents at any time during the application process.

APPENDIX A

APPLICATION FORM FOR APPLICANT FIRST REGISTERED IN EEA

The information that you provide in sections 1 to 3 of this form will be held by the Pharmaceutical Society NI (the organisation) to process your application and for regulatory and professional leadership purposes. Sections 4-5 of this form will be held by the Pharmaceutical Society NI purely for regulatory purposes and may be shared with other regulators within the EEA but will not be shared with professional leadership bodies except where the information is in the public domain.

PLEASE ENSURE THAT ALL RELEVANT SECTIONS OF THIS FORM ARE COMPLETED.

| | |
|---|----------------------|
| TITLE | <input type="text"/> |
| SURNAME | <input type="text"/> |
| FORENAMES | <input type="text"/> |
| KNOWN AS | <input type="text"/> |
| MAIDEN NAME (IF APPLICABLE) | <input type="text"/> |
| ADDRESS LINE 1 | <input type="text"/> |
| TOWN/CITY | <input type="text"/> |
| COUNTY | <input type="text"/> |
| POST CODE | <input type="text"/> |
| COUNTRY | <input type="text"/> |
| GENDER | <input type="text"/> |
| DATE OF BIRTH | <input type="text"/> |
| HOME TEL NO. | <input type="text"/> |
| WORK TEL NO. | <input type="text"/> |
| MOBILE | <input type="text"/> |
| EMAIL (case sensitive) | <input type="text"/> |
| NATIONALITY | <input type="text"/> |
| TITLE OF QUALIFICATION (as stated in country of origin e.g. MPharm, BSc, Diplôme d'Etat de pharmacien) | <input type="text"/> |
| UNIVERSITY WHERE GAINED | <input type="text"/> |
| DATE STARTED DEGREE DD/MM/YYYY | <input type="text"/> |
| DATE COMPLETED DEGREE DD/MM/YYYY | <input type="text"/> |

IF YOU ARE REGISTERED WITH ANOTHER REGULATORY BODY PLEASE TICK APPROPRIATE BOX.

GPhC PSI OTHER (PLEASE STATE)

ARE YOU A SUPERINTENDENT PHARMACIST?

YES NO

IF YES
NAME AND ADDRESS OF BODY CORPORATE

SECTION TWO PAYMENT DETAILS

APPLICATION FEE:

£398

INDICATE METHOD OF PAYMENT

CHEQUE

DEBIT CARD

VOLUNTARY PAYMENTS- If you wish to make a contribution to the Pharmacist Advice and Support Service, please enter the amount in the box provided.

If you wish to join/ retain membership with the CPA please provide £15 membership fee and enter into box provided.

PASS

COMMON WEALTH PHARMACEUTICAL ASSOCIATION

SECTION THREE EMPLOYMENT DETAILS

MAIN EMPLOYMENT TYPE (PLEASE TICK)

EMPLOYED

SELF EMPLOYED

MAIN EMPLOYMENT AREA (PLEASE TICK)

COMMUNITY

HOSPITAL

INDUSTRY

ADMIN

ACADEMIA

LOCUM/
HOSPITAL

LOCUM/COMM

ACADEMIA

PRESIBING
ADVISOR

PRACTICE
PHARMACIST

OTHER PLEASE STATE

PROPOSED AVERAGE NUMBER OF DAYS IN EMPLOYMENT PER WEEK

PROPOSED MAIN EMPLOYMENT IN NI

NAME AND ADDRESS

EMPLOYER NO.1

EMPLOYER NO.2

SECTION FOUR - MAILING OPTIONS AND USE OF DATA HELD

Please note that all registrants will receive communications relating to registration/regulation. Registrants will receive communications with regard to professional leadership activities as appropriate. The data held will be stored securely in both paper and electronic format. The organisation is required to maintain and update registration details on an annual basis and publish a register.

I consent to my current contact details being supplied to:
(tick box to confirm consent)

1. Northern Ireland Centre for Pharmacy Learning & Development (NICPLD)*

*** DOB also supplied to NICPLD**

2. Health and Social Care Board

I wish to receive future correspondence from the organisation primarily by email

YES

NO

I agree to my details being included/maintained on a register of pharmacists who are willing to support pharmacy services during a 'national emergency' (such as pandemic flu⁴) and to this information being used for emergency planning by the government.

YES

NO

Please note a copy of the register is also provided to the pharmacy inspectorate at the DHSSPSNI in compliance with the pharmacy (Northern Ireland) Order 1976.

SECTION 5 - APPLICANT DECLARATIONS

A INDEMNITY INSURANCE DECLARATION

It is now a statutory legal requirement that pharmacists have in place insurance or indemnity arrangements appropriate to their area of practice.

Please confirm by ticking the box:

I have in place, or will have in place, at the point at which I practise in Northern Ireland, insurance or indemnity arrangements appropriate to the areas of my practice

The Council of the Pharmaceutical Society of Northern Ireland (Indemnity Arrangements) Regulations (Northern Ireland) 2014 state:

"A registered person who practises as a pharmaceutical chemist must promptly inform the registrar if for any reason they cease to have in operation, in accordance with Article 11A (1) of the Order, an indemnity arrangement which provides appropriate cover".

Please confirm by ticking the box:

I confirm that I will comply with the requirement to inform the registrar if for any reason I cease to have in operation, an indemnity arrangement which provides the appropriate cover

⁴ Please note this is consent allowing for your current contact details to be supplied to a government agency in a state of national emergency as declared so by the government

B CHARACTER DECLARATION

PRINT NAME

REGISTRATION NUMBER

Any applicant wishing to maintain registration with the Pharmaceutical Society NI must be able to satisfy the organisation of his/her good character.

1. Are you currently bound over, or do you have any convictions, cautions, informed warnings or diversionary youth conferences in the United Kingdom or in any other country which are not deemed 'protected' under the Rehabilitation of Offenders (Exceptions) Order (NI) 1979 (as amended in 2014) or are not subject to 'filtering' under the Police Act 1997 (as amended)?

YES NO

The position of pharmacist is exempt from the provisions of the Rehabilitation of Offenders (Northern Ireland) Order 1978. Guidance on protected 'convictions and the 'filtering' scheme can be found at: <https://www.nidirect.gov.uk/articles/information-disclosed-about-you#toc-2>

It is not necessary to declare:

- (i) a motoring offence which has not resulted in disqualification or;
- (ii) any other matter about which you have previously advised the Registrar in writing

2. Are you subject of ongoing or pending criminal proceedings in the UK or elsewhere other than a motoring offence not resulting in disqualification about which you have not previously advised the registrar in writing?

YES NO

3. Have you agreed to pay a penalty under section 109a of the Social Security Administration (Northern Ireland) Order 1992(a) (penalty as an alternative to prosecution), about which you have not previously advised the Registrar in writing?

YES NO

4. Have you been notified by a regulatory body in the UK responsible under any statutory provision for the regulation of a health or social care profession of a determination to the effect that your fitness to practise is impaired, or a determination by a regulatory body elsewhere to the same effect, about which you have not previously advised the registrar in writing?

YES NO

5. Are you subject to an investigation by another regulatory body (other than the Pharmaceutical Society NI) about which you have not previously advised the registrar in writing?

YES NO

6. Are you the subject of any fraud investigation by an HSC body about which you have not previously advised the registrar in writing?

YES NO

7. Have you been removed, contingently removed or suspended from, refused admission to or conditionally included in any list held by an HSC body or providers of pharmaceutical services on fitness to practise grounds, about which you have not previously advised the registrar in writing?

YES NO

8. Are you included in a barred list (within the meaning of the Safeguarding Vulnerable Groups Act 2006(b) or the Safeguarding Vulnerable Groups (Northern Ireland) Order 2007 (c), about which you have not previously advised the registrar in writing?

YES NO

If you have answered YES to any of the above, please provide details of convictions/proceedings and any evidence that would help support your claim of good character for consideration by the Registrar if not previously supplied. Any information supplied must be marked Confidential and for the attention of the Registrar only. A declaration form is only to be completed should you wish to make a declaration (this is available on www.psni.org.uk).

Please note fitness to practise information declared (if resulting in a sanction), will be referenced on a Certificate of Current Professional Status supplied by the organisation to another competent authority.

DECLARATION BY THE PHARMACIST: I declare that the information provided above is true.

YES

C HEALTH DECLARATION (CONFIDENTIAL)

The Code of Conduct Ethics and Performance for Pharmacists in NI, 2016 states:

- At Principle 3.1.6, that you must promptly inform the regulator, your employer and other relevant authorities of any circumstances that may call into question your fitness to practise or has the potential to bring the profession of pharmacy into disrepute
- At Principle 5.1.1, that you must practise only when you are competent and fit to do so

Are there any matters to be declared in relation to your mental or physical health that may impair your fitness to practise that you have not previously advised the Registrar?

PLEASE TICK APPROPRIATE BOX

YES

NO

If you are concerned that a physical or mental health problem may impair your ability to practise, you must seek to clarify this with your physician or consultant and make a health declaration in writing to the Registrar. Any information supplied must be marked 'Confidential' and for the attention of the Registrar only. Please note you may be asked to undertake an occupational health assessment commissioned by the organisation. A declaration form is only to be completed should you wish to make a declaration (this is available on www.psni.org.uk).

D CONTINUING PROFESSIONAL DEVELOPMENT

I acknowledge and understand that I am legally required to annually undertake 30 hours of CPD activity relevant to the safe and effective practice of pharmacy and to my scope of practice set out in the CPD Framework.

PLEASE TICK APPROPRIATE BOX

YES

NO

E DECLARATION BY APPLICANT

I DECLARE THAT:

- All of the information I give in this form and in any supporting documents is accurate
- I understand and I am able to undertake the responsibilities of a registered pharmacist, which I acknowledge may include taking sole charge of a community or hospital pharmacy and the provision of advice in relation to the science of medicines or the practise of pharmacy or healthcare.
- I acknowledge and understand my obligations when working in a registered pharmacy, as detailed in the Health Act 2006 and the Medicines (Pharmacies) Responsible Pharmacist) Regulations 2008.
- I understand my obligations as detailed in the Code of Conduct, Ethics and Performance 2016 and the supplementary professional standards and guidance published by the organisation
- I have a duty to notify the registrar of any changes to my name, home address or other contact details. (Failure to do so will affect the organisation's ability to communicate essential information regarding my registration status to me).
- I have a legal obligation to notify the registrar of any fitness to practise matters within 7 days of any occurrence throughout registration year (1st June to 31st may). I understand that failure to do so may result in fitness to practise proceedings.

I understand that:

- If the declaration included in this application to register is not completed to the satisfaction of the registrar, this form will not be processed and the payment and form will be returned immediately as unpaid.
- If I am found to have given false or misleading information in connection with my retention on the register, this may be treated as impairment for the purposes of the Pharmacy (NI) Order 1976, which may result in fitness to practise proceedings.

DATA PROTECTION STATEMENT

The Pharmaceutical Society NI is a data controlled registered with the Information Commissioner's Office. We will make use of personal data provided to support our work as the regulatory body for pharmacists and registered pharmacies in Northern Ireland. We will process your personal data for purposes including updating the register, administering and maintaining registration, processing complaints and compiling statistics.

The Pharmaceutical Society NI will not share your personal data on a commercial basis with any third party. We may share your data with third parties to meet our statutory aims, objectives, powers and responsibilities under the Pharmacy (Northern Ireland) Order 1976, the rules made under the Order and other legislation. We may pass information to organisations with a legitimate interest including other regulatory and enforcement authorities, Health and Social Care Board, employers and the Department of Health, Social Services and Public Safety NI. We will also share relevant parts of your information with the Pharmacy Forum NI for the purpose of fulfilling our leadership role.

In some circumstances, the Pharmaceutical Society NI may use the European Commission's Internal Market Information System (IMI) to share your personal data with relevant competent authorities in other European Member states. This would usually be where we need to clarify information you have provided against record held by other authorities. You have the right to request copy of any records held on ou in the IMI and to have your data corrected. For contact details and other information about IMI, see the IMI website. We will publish pharmacists' fitness to practise records on our website as described in the Disclosure and Publication Policy.

SIGNED

DATE

PRINT NAME

REGISTRATION NUMBER

FOR OFFICE USE: CCPS submitted where applicable

Appendix B

Photographs to verify identity of applicant

An applicant must supply 1 recent passport style photograph attached to the photograph form as follows:

Requirements for the photograph

The photograph must be:

- Recent (taken within the last 6 months)
- In colour
- Taken against an off-white, cream or light grey plain background so that the applicant's features are clearly distinguishable against the background
- Undamaged, for example, by creases from paperclips
- Of the applicant on their own
- In sharp focus and clear

The photograph must also show:

- No shadows
- Applicant facing forward, looking straight towards the camera
- A neutral expression, with your mouth closed (no obvious grinning, frowning or raised eyebrows)
- Eyes open and clearly visible (with no sunglasses or heavily tinted glasses and no hair across eyes)
- No reflection or glare on glasses, and the frames should not cover eyes
- Head should not be covered unless due to religious beliefs or medical reasons
- Nothing covering face. Ensure nothing covers the outline of eyes, nose or mouth.

The counter signatory (person who signs the photograph) must:

- Be a professional person, or a person of standing in the community. Examples include a pharmacist, a university lecturer, a UK registered solicitor or the legal equivalent in the applicant's member state or a licensed medical practitioner. The person providing the countersignature must not be related to applicant by birth or marriage. Neither should they be in a personal relationship with the applicant nor live at the same address.
- Have known the applicant for at least two years
- Certify, sign and date the back of the photograph with the handwritten words. 'I certify that this is a true likeness of (give the applicant's full name and title)'.

| |
|--|
| <p>"I certify that this is a true likeness of "</p> <p>Applicants full name & title</p> <p>Signature of counter Signatory & the date</p> |
|--|

- Complete and sign the section overleaf, "Section to be completed by counter signatory'.

Photograph Certification Form

Please clip or staple the certified photograph to this form

Section to be completed by counter-signatory

This section must be completed by the person who certifies the back of the photograph.

| | |
|---|-------------------|
| <u>First Names:</u> | |
| <u>Family names:</u> (please indicate Mr/Mrs/Miss/Ms) | |
| <u>Address:</u> | |
| <u>Telephone Number:</u> | Occupation |
| Email address: | |

By countersigning this photograph I agree that the Pharmaceutical Society NI may contact me to verify the information that I have provided.

I declare that I have certified the photograph enclosed and that I have known

_____ **(full name of applicant)**

for _____ years and that the information I have provided is correct.

Signature: _____

Date: _____

**Appendix C
Statutory Declaration**

Refer to guidance notes for completion.

An applicant must complete whichever declaration(s) on this side of the form is/are applicable for their situation. An applicant must ensure that they complete the section on the reverse of this form as well as the relevant declaration and ensure that the solicitor witnessing completes the relevant section on the reverse of this form.

Declaration A – Inability to provide a birth certificate

| |
|--|
| <p>First Names: <i>(insert full name – this must be identical to that on your application form)</i></p> |
| <p>Family names: <i>(please indicate Mr/Mrs/Miss/Ms)</i></p> |
| <p>Address: <i>(insert home address)</i></p> |
| <p>I do solemnly and sincerely declare to the best of my knowledge and belief that I was given the name:</p> <p>_____ at my birth</p> <p><i>(insert full name)</i></p> <p>on _____ at _____ in _____</p> <p><i>(insert date of birth) (insert name of town) (insert name of country)</i></p> |

Declaration B – Using a name other than that on birth certificate

| |
|---|
| <p>First Names: <i>(insert full name – this must be identical to that on your application form)</i></p> |
| <p>Family names: <i>(please indicate Mr/Mrs/Miss/Ms)</i></p> |
| <p>Address: <i>(insert home address)</i></p> |
| <p>I do solemnly and sincerely declare that since / / <i>(insert date) dd mm yyyy</i></p> <p>I have used and in the future will be known by the name of:</p> <p>_____</p> <p><i>(insert full name in capital letters – must be identical to that on application form)</i></p> |

Please see overleaf for Declaration C

Declaration C - If name on any document differs from the name on application for registration

First Names:

(insert full name – this must be identical to that on your application form)

Family names:

(please indicate Mr/Mrs/Miss/Ms)

Address:

(insert home address)

I do solemnly declare that all of the documents submitted with my application for registration, relate to me and that all versions of my name relate to one and the same person.

(signature)

(date)

This box to be completed by the applicant

I *(insert full name – this must be identical to that on your application form)*

Family names

(please indicate Mr/Mrs/Miss/Ms)

make the solemn declaration(s) overleaf conscientiously believing the same to be true and by virtue of the provisions of the Statutory Declaration Act , 1835.

Signed:

Date:

Declaration by solicitor (to be completed by the solicitor)

Declared at: _____
(insert full name and address of solicitors premises)

This _____ **day of** _____ **20**__ **before me.**
(insert date)

I confirm that I administer this oath

Signed: _____

Insert
solicitor's
stamp
here

Instructions for completing the appropriate declaration(s)

The appropriate declaration(s) on this form must be completed by the applicant in the presence of a solicitor, who should then complete the 'Declaration by solicitor' (above).

Declaration A: Unable to provide acceptable birth certificate

Declaration B: Change of name from that on birth certificate and not supported by marriage certificate

Declaration C: Documents have different names to names given in A or B or or names on all documents are not exactly the same and not supported by a marriage certificate e.g. some documents do not contain all names on birth certificate.

Appendix D
Details of previous employment (as a pharmacist)

| | |
|--|--|
| Name of premises | |
| Address | |
| Date started | |
| Date finished | |
| Employment type e.g. Hospital, Community Pharmacy, Industry | |
| Hours worked per week | |
| | |
| Name of premises | |
| Address | |
| Date started | |
| Date finished | |
| Employment type e.g. Hospital, Community Pharmacy, Industry | |
| Hours worked per week | |
| | |
| Name of premises | |
| Address | |
| Date started | |
| Date finished | |
| Employment type e.g. Hospital, Community Pharmacy, Industry | |
| Hours worked per week | |
| | |
| Name of premises | |
| Address | |
| Date started | |
| Date finished | |
| Employment type e.g. Hospital, Community Pharmacy, Industry | |
| Hours worked per week | |
| | |
| Declaration | I declare that the information provided above is true to the best of my knowledge |
| Signature | |
| Date | |

