



Application to voluntarily withdraw from the register

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Section One - Personal Details

Date you wished to be removed from the register

Title

Reg Number

Surname

Address Line 1

Forenames

Address Line 2

Previous Surname

Town/City

Date of Birth

County

Mobile

Post code

Home

Country

Work

Email address

Each body corporate (corporation or health trust) has one Superintendent Pharmacist who has overall responsibility for setting out standards and policies for the provision of pharmacy services by their organisations. Are you currently serving as the Superintendent Pharmacist of a body corporate? (please tick)

Yes

No

If yes, please state name of body corporate

Section Two - Declarations

1. Are you currently bound over or do you have any convictions, cautions or informed warnings in the UK 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)?

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.

Yes

No

2. Are you the subject of ongoing or pending criminal proceedings in the UK or elsewhere other than a motoring offence not likely to result in a 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 (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



Section Two continued - Declarations

5. Are you subject to an investigation by another regulatory body (other than the PSNI) 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 or the Safeguarding Vulnerable Groups (Northern Ireland) Order 2007) 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. A declaration form is available on the registration section of the website: www.psn.org.uk.

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

Withdrawal Declaration

I am applying for voluntary removal from the Register. I have answered 'No' to all the Fitness to Practise questions in Section 3 or I have answered yes to one or more and have included a completed "Declaration to the Registrar" form with this application. I declare I am not aware of any undeclared investigation by any enforcement or regulatory body, or proceedings brought by such a body, that relates to my fitness to practise, or of any act or omission on my part which might render me liable to an allegation being referred to the Pharmaceutical Society NI that my fitness to practise is impaired. The information I have provided for this application is complete, true and accurate.

I understand that my CPD portfolio is required for the current CPD year and hereby undertake to submit it by the deadline for submission at the end of May. I understand that a failure to submit my CPD portfolio by the deadline will result in any future application for registration being subject to me meeting the CPD requirements at that time.

I have included my certificate of registration as prescribed in Pharmacy (Northern Ireland) Order 1976, Article 14(3) or will ensure this has been returned within 14 days of leaving the register. A failure to do so is an offence, as is detailed in this Order.

DECLARATION BY THE PHARMACIST:

I declare that the information provided above is true.

Print Name

Signature