

COVID-19 Application for Temporary Registration Phase 2

Registration subject to an emergency

“emergency” means an emergency of the kind described in section 19(1) (a) of the Civil Contingencies Act 2004 (meaning of “emergency”), read with subsection (2)(a) and (b) of that section

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Section One - Personal Details

Title	<input type="text"/>		
Surname	<input type="text"/>	Address Line 1	<input type="text"/>
Forenames	<input type="text"/>	Address Line 2	<input type="text"/>
Previous Surname	<input type="text"/>	Town/City	<input type="text"/>
Date of Birth	<input type="text"/>	County	<input type="text"/>
Mobile	<input type="text"/>	Post code	<input type="text"/>
Home	<input type="text"/>	Country	<input type="text"/>
Work	<input type="text"/>		
Email address	<input type="text"/>		

Section Two - Registration Data

Please note that all registrants will receive communications relating to registration/regulation. The organisation is required to maintain and update registration details and publish a register. The Pharmaceutical Society NI is legally required to provide copies of the registers to the DoH Pharmacy Inspectorate in compliance with the Pharmacy (Northern Ireland) Order 1976.

Section Three - Qualifications

Title of Qualification	<input type="text"/>
Date started Degree	<input type="text"/>
Date Degree awarded	<input type="text"/>
University Degree gained (MPharm, BSc etc)	<input type="text"/>

Section Four- Current Registration

4a. Please list any Health or Social Care Profession regulatory bodies you are currently registered with (General Pharmaceutical Council, Pharmaceutical Society of Ireland etc).

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

4b. If you have previously been registered and have withdrawn from a register within the last three years, please list the name of the regulatory body with which you were registered and dates of registration:



Section Five- Employment

If known, please complete the section below, giving as much information as you can on the potential area in which you may work whilst on the temporary register.

Main employment type (please tick one) Employed Self-employed Not employed

Main employment area (please tick as appropriate)

Hospital Community
Other

Potential employer in Northern Ireland (if known)
Name and address:

Section Six - Declarations

Declaration

I declare that all of the information I give in this form 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 Ethics and Standards 2016 and the supplementary professional standards and guidance published by the organisation.

I consider myself to be a person who may be registered as a pharmaceutical chemist with regard to the emergency in that I am;

1. a fit, and proper person Yes No
2. a suitably experienced person Yes No



Character Declaration

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

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

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



Character Declarations Continued

If you have answered YES to any of the questions of the character declaration, 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 will be referenced on a Certificate of Current Professional Status and/or European professional card supplied by the organisation to another competent authority.

Health Declarations

The Code of Ethics and Standards for Pharmacists in NI 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 about which you have not previously advised the registrar in writing?

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 also be asked to undertake a health assessment commissioned by this organisation. A declaration form is ONLY to be completed should you wish to make a declaration (this can be found on the PSNI website).

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 Ethics and Standards 2016 and the supplementary professional standards and guidance published by the organisation.

I have a legal obligation to notify the Registrar of any fitness to practise matters within 7 days of any occurrence throughout the registration year. I understand that failure to do so may result in fitness to practise proceedings.



Declarations Continued

I understand that: If I am found to have given false or misleading information in connection with my retention on the register, this may result in the removal from the temporary register.

DECLARATION BY THE APPLICANT:

I declare that the information provided above is true.

Print Name

Signature