

PRE-REGISTRATION TRAINING

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 appropriate to a registered pharmacist in all of the Performance Standards required by the Pharmaceutical Society of NI
- ii. Has a professional attitude and sense of responsibility sufficient for a registered pharmacist
- iii. Will have completed a period totaling one full calendar year of pre-registration training
From To (*insert dates of full training period*)
- iv. In my opinion, is able to apply in practice knowledge of the law relating to the practice of pharmacy and is a fit and proper person to be registered as a pharmaceutical chemist.

DATE _____ TUTOR(S) SIGNATURE _____/_____