

Application for Restoration to the Register

This application is **only** to be used by those who have been **removed from the register** for non-compliance with CPD requirements, non-payment of fees or removed by the Statutory Committee.

Please note that the Registrar, upon review of your application and dependent upon the reason for your removal from the register, may ask you to fulfil additional requirements.

Section One – Personal Details

Title		Registration number	
Surname			
Forename(s)			
Previous surname			
Date of Birth			
Home Address Including postcode			
Mobile			
Work phone			
Home phone			
Email Address			

Section Two - Qualifications

Title of Qualification (MPharm, Bsc, etc)	
Date Degree Started	
Date Degree Awarded	
Awarding University	

Section Three – Registrations

Please list any Health or Social Care Profession regulatory bodies you have been registered with within the last 5 years (General Pharmaceutical Council, Pharmaceutical Society of Ireland, etc). As part of your application process, you must supply a Certificate of Professional Status from each regulatory body.

Section Four – Reason for Removal from the Register

Please “X” all that apply:

Removed for non-compliance with CPD requirements	<input type="checkbox"/>
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Removed for non-payment of retention fee	<input type="checkbox"/>
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Removed by Statutory Committee	<input type="checkbox"/>
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Please refer to our website for details of the additional fees required for restoration to the register, depending on the reason for removal.

Section Five - Indemnity Insurance

Article 11A – (1) of the Pharmacy (Northern Ireland) Order 1975 as amended by The Pharmacy (1976 Order) (Amendment) Order (Northern Ireland) 2013, makes it a statutory requirement that: “A Registered person who practises as a pharmaceutical chemist must have in operation an indemnity arrangement which provides appropriate cover in relation to that registered person in respect of liabilities which may be incurred in practising as a pharmaceutical chemist”.

The Council of the Pharmaceutical Society of Northern Ireland (Indemnity Arrangements) Regulations (Northern Ireland) 2014 also states: “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”.

By signing this form, you are confirming that you will not practise in Northern Ireland without having in place appropriate indemnity cover and also that you will comply with the requirement to inform the Registrar if for any reason you cease to have in operation such an indemnity arrangement.

Section Six – 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)?

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.

Please “X”

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?

Please "X"

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?

Please "X"

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?

Please "X"

Yes

No

5. Are you subject to an investigation by another body (other than the PSNI) about which you have not previously advised the Registrar in writing?

Please "X"

Yes

No

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

Please "X"

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?

Please "X"

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?

Please "X"

Yes

No

If your answer is YES to any of the above, please provide details and any evidence that you consider would help support your claim of good character for consideration by the Registrar, if not previously supplied. A declaration form is available on the Registration section of the website: 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 and/or European professional card supplied by the organisation to another competent authority.

Health Declarations

Registrants must also consider their health when determining their fitness to practise. Principle 5.1.1 provides that registrants "must practise only when you are competent and fit to do so."

If you are concerned that a physical or mental health condition may impair your ability to practise, you must seek to clarify this with your treating physician. If, following discussion with your treating physician, you continue to have concerns regarding your fitness to practise, you should make a declaration in relation to your health.

- Any declaration regarding a health matter will be completely confidential.
- Please note that a GP report may be requested and/or you may be asked to undertake an occupational health assessment / other health assessment commissioned by the organisation.
- A declaration form should ONLY be completed if you wish to make a declaration.

A declaration form is available on the Registration section of the website: www.psni.org.uk

Declaration by the Pharmacist:

Please “X” each declaration to acknowledge that you have read and understood:

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 medicine 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 (2016) and the supplementary professional standards and guidance published by the organisation.

I understand that 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 practice proceedings.

I declare that the information provided in this form is true and any supporting documents are accurate.

Print Name	
Signature	
Date	

Section Six – Payment Details

Please indicate the method of payment for your registration fee of £398 plus the relevant additional fee required. Payments are taken on submission of an application.

Cheque

 Debit card

 Phone payment

To make payment over the phone, please call 02890 326927 and select option 4 for the Finance Department. Please note that payments can only be processed from debit cards. This phone line is available during normal office hours.

Voluntary payments - If you wish to make a contribution to the Pharmacists’ Advice and Support Service (PASS), please visit: www.pfni.org.uk

Guidance Notes:

Please ensure that all sections of this form are complete to avoid any delays in processing your application.

Completed applications should be sent to: Registration Department, Pharmaceutical Society NI, 73 University Street, Belfast, Co. Antrim, BT7 1HL or by email to registration@psni.org.uk

An applicant is required to provide a CCPS from all regulatory bodies with which they are currently registered with or have been registered with in the last 5 years. Applicants are advised to arrange the provision of these documents as early as possible in the application process, A CCPS is valid for 3 months from the date of its issue. The registration process can only be completed which the CCPS is valid.

Please note that all registrants will receive communications relating to registration/regulation. The organisation is required to maintain and update registration details on an annual basis 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.

Continuing Professional Development (CPD) is a statutory and professional requirement for all registered pharmacists in Northern Ireland. By completing and submitting this application form you are confirming that you will meet the requirements and conditions of the CPD framework in respect of continuing professional development for the CPD year 1 June to 31 May.

Employment Information – Optional

Main employment type (please tick)	Employed	<input type="checkbox"/>	Self-employed	<input type="checkbox"/>	Not employed	<input type="checkbox"/>
Main employment area (please tick)	Community	<input type="checkbox"/>	Hospital	<input type="checkbox"/>	Prescribing Advisor	<input type="checkbox"/>
	Locum in Community	<input type="checkbox"/>	Locum in Hospital	<input type="checkbox"/>	Administration	<input type="checkbox"/>
	Academia	<input type="checkbox"/>	Industry	<input type="checkbox"/>	Practice Pharmacist	<input type="checkbox"/>
	Other	<input type="checkbox"/>				
Average number of days in employment per week:		<input type="checkbox"/>				

Name and address of main employer in Northern Ireland (if known)

PSNI Data Protection Statement

The Pharmaceutical Society NI is a data controller 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 and for our work as the professional leadership body for Pharmacists in Northern Ireland. We will process your personal data for purposes including updating the register, administering, and maintaining registration, processing complaints, monitoring fitness to practise, CPD monitoring and compiling statistics.

The Pharmaceutical Society NI will not share your personal data on a commercial basis with any third party. We may, however, share your data with third parties to meet out statutory aims, objectives, powers, and responsibilities under the Pharmacy (Northern Ireland) Order 1976, the regulations made under the Order and other legislation. We may pass information to organisations with a legitimate interest including other regulatory and enforcement authorities, the Health and Social Care Board, employers, and the Department of Health.

We will publish pharmacists' fitness to practise records on our website as described in our Disclosure and Publication Policy.

Your name, address, telephone numbers, email address, employment details and registration with other bodies are used for registration, CPD, finance and regulatory processing. These details are held securely in paper and digital form and disposed of according to our data retention policy. By completing the registration process, you agree to The Pharmaceutical Society NI holding and processing these details under Data Protection Act 2018 Schedule 9 paras 3,4,5 (c) (e), 6 (1).

Employment data can also be used to develop regulatory activities and services in relation to the workforce. This information, as a statistic, may be made publicly available.

Your personal details are used by the Head of Public Affairs, Policy Standards and Engagement Lead and Policy Officer for communication activities to provide up to date information on regulatory activities. Declarations of health or character will be primarily processed by the Registrar and Legal Officer and, in some instances, the Registration Coordinator. This information can be used in conjunction with Fitness to Practice processed and can, where appropriate, be shared with relevant governing bodies.

Your personal details are also used by the Pharmacy Forum for the purpose of communications in relation to professional leadership activities. This can be sent by postal mail or email and, under Data Protection Act 2018, are sent under legitimate interests. The Pharmacy Forum will also use your data to send periodic communications to raise awareness and seek financial support for the charitable work and activities of the Pharmacists' Advice and Support Service (PASS).

Your financial data is processed by the Head of Business Operations and Finance Assistant. Your payments are processed by Global Payments online and Elavon when processed as a terminal card payment.

You are entitled to see the information we hold about you. If you wish to see this information, please send your request in writing to: Data Protection Office, Pharmaceutical Society NI, 73 University Street, Belfast, BT7 1HL, detailing the information you wish to see. We are required to respond within 30 days. If you do not wish your information to be stored, where we are able to, we will remove upon request any information required. Please contact the data protection officer on 02890326927.