

Withdrawal by Request

Application form

Section One – Personal Details

Earliest date you wish to be removed from the Register			
Title		Registration number	
Surname			
Forename(s)			
Date of Birth			
Home Address Including postcode			
Home phone			
Work phone			
Mobile			
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 "X"

Yes

No

If yes, please state name of body corporate

Are you currently a partner in the ownership of a pharmacy?

Please "X"

Yes

No

If yes, please state the name of the partnership

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)?

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

Section Three – Other Declarations

I am applying for voluntary removal from the Register. I have answered ‘No’ to all the Fitness to Practise questions in Section 2 or I have answered ‘Yes’ to one or more and have included a completed “Declaration to the Registrar” form with this application. The information I have provided for this application is complete, true and accurate.

I understand that I have a statutory obligation to submit a CPD portfolio for the current CPD year and hereby undertake to submit my CPD portfolio prior to the completion of my withdrawal from the Register. I understand that failure to fulfil my statutory obligation will put at risk my “good standing” and may result in any future application for registration being subject to the requirements as published in the CPD Framework, for an additional CPD submission or other CPD evidence, as deemed necessary by the Registrar at that time.

I understand that by cancelling my registration as a pharmacist I will no longer be entitled to practise as a pharmacist in Northern Ireland and my name will not appear on the Register as of the confirmed date of cancellation of my registration.

I understand the requirement and undertake to return my Certificate of Registration to the Pharmaceutical Society NI.

Declaration by the Pharmacist:

I declare that the information provided in this form is true.

Print Name	
Signature	
Date	

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