**Chapter 11**

**Annex 2**

**Change of Director - DAC**

**Fitness information to be provided following a change of director – DAC body corporate**

Where a dispensing appliance contractor body corporate appoints a new director it must notify the relevant delegated integrated care board via the Primary Care Support Service Provider within 30 days and supply the information set out in this form.

Please complete in block capitals.

**Section A – details of the body corporate**

|  |  |
| --- | --- |
| Full registered name of the body corporate |  |
| Trading name (if any) |  |
| Companies House company registration number |  |
| Address of registered office |  |
| Fixed line telephone number of registered office. If one is not available please state accordingly. |  |

A new director was appointed on

………………………………………………………………………. (insert date)

Please provide the following information for the new director.

|  |  |
| --- | --- |
| **Director’s full name** |  |
| **Director’s date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |

Where a new director is appointed the information in section B must be provided by that individual.

|  |  |
| --- | --- |
| Full name (block capitals) |  |
| Position in body corporate |  |
| Date |  |

**The information in section B is to be provided by the new director**

**Section B – directors**

|  |  |
| --- | --- |
| Full name |  |

**Pharmaceutical qualifications**

If you are a pharmacist, please provide your pharmaceutical qualifications.

|  |  |  |
| --- | --- | --- |
| **Pharmaceutical qualification** | **Where obtained** | **Date** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Professional experience**

If you are a pharmacist, please enter below details of your personal work history for the seven years ending on the date on which you submit this application. This includes your foundation training (previously known as pre-registration training) post if it was undertaken in that period.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Date commenced**  **(MM/YYYY)** | **Date finished**  **(MM/YYYY)** | **Appointment or post held, employer, employer's address** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |

Attach a continuation sheet if more space is needed.

I confirm that the above details are a complete and accurate account of my personal work history.

I confirm that I have not been dismissed from a post in the seven years ending on the date this application is submitted to the relevant integrated care board. Yes ☐ No ☐

|  |
| --- |
| If you have ticked no to the above statement, i.e. you have been dismissed from a post in the last seven years, please provide details.  Attach a continuation sheet if more space is needed. |

I confirm that I have not had a break of more than six months from work in that time.

Yes ☐ No ☐

|  |
| --- |
| If you have ticked no to the above statement, i.e. you have had a break of more than six months in the last seven years, please provide details.  Attach a continuation sheet if more space is needed. |

Please complete the following section if you are already included in a pharmaceutical list in respect of other premises, either as:

* yourself (i.e. as a sole trader), or
* a partner of a partnership, or
* a director and/or superintendent of a body corporate.

I confirm that I/the partnership/the body corporate has complied with the requirements of paragraph 31, Schedule 4 (pharmacies) or paragraph 21, Schedule 5 (dispensing appliance contractors) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

Yes ☐ No ☐ Not applicable as not included in any other pharmaceutical lists ☐

|  |
| --- |
| If you have ticked no to the above statement, i.e. you have not complied  with the requirements of paragraph 31, Schedule 4 (pharmacies) or paragraph 21, Schedule 5 (dispensing appliance contractors) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, please provide details of the fitness matter, or matters, that you have not notified to NHS England.  Attach a continuation sheet if more space is needed. |

**References**

If you are a pharmacist, please provide details of two referees who are willing to provide references in respect of two recent posts held (which may include any current post) as a pharmacist which lasted at least three months without a significant break. The referee should be a pharmacist registered with the GPhC or PSNI and must be able to comment on the pharmacist’s knowledge, skills and competence.

The relevant delegated integrated care board will not, without good reason, accept references from:

* Family members;
* Business partners providing references for each other;
* Any person with a financial interest in the application;
* Persons with significant control (and where this is another body corporate, any director or superintendent of, or person with significant control of, that second body corporate) of the body corporate;
* Trainee pharmacists previously known as pre-registration trainees; or
* Your designated supervisor previously known as pre-registration trainer.

|  |  |
| --- | --- |
| Referee 1 name and address including postcode  Phone:  Email:  GPhC/PSNI registration number:  Which post, listed in the section above, will this person be providing a reference in connection to? (Please insert the number)  …….  How long have you known this person and in what capacity?  Please tick to confirm that we may contact this referee by email Yes ☐ | Referee 2 name and address including postcode  Phone:  Email:  GPhC/PSNI registration number:  Which post, listed in the section above, will this person be providing a reference in connection to? (Please insert the number)  …….  How long have you known this person and in what capacity?  Please tick to confirm that we may contact this referee by email Yes ☐ |

If it is not possible to provide two referees in respect of two recent posts as a pharmacist which lasted more than three months without a significant break, please state why and provide details of alternative referees who are acceptable to the relevant delegated integrated care board bearing in mind the bullet points above.

|  |
| --- |
| Attach a continuation sheet if more space is needed. |

**Fitness information**

Please note that all convictions are to be declared, even those that would otherwise be classed as ‘spent’.

Please delete “yes” or “no” as appropriate to indicate whether you:

|  |  |  |
| --- | --- | --- |
| A | have been convicted of any criminal offence in the United Kingdom | Yes/No |
| A | have been bound over following a criminal conviction in the United Kingdom | Yes/No |
| A | have accepted a police caution in the United Kingdom | Yes/No |
| A | have, in summary proceedings in Scotland in respect of an offence, been the subject of an order discharging the superintendent or any director absolutely (without proceeding to conviction) | Yes/No |
| A | have accepted and agreed to pay either a procurator fiscal fine under section 302 of the Criminal Procedure (Scotland) Act 1995 (fixed penalty: conditional offer by procurator fiscal) or agreed to pay a penalty under section 115A of the Social Security Administration Act 1992 (penalty as alternative to prosecution) | Yes/No |
| B | have at any time been convicted of an offence elsewhere than in the United Kingdom where the originating events, if they took place in England (at the time of the application), could lead to a criminal conviction in England | Yes/No |
| C | are currently the subject of any criminal proceedings in the United Kingdom | Yes/No |
| C | are currently the subject of any criminal proceedings elsewhere than in the United Kingdom if the originating events, if they took place in England, could lead to a criminal conviction in England | Yes/No |
| D | are, or have been to your knowledge, subject to any investigation into, or proceedings relating to, your fitness to practise by a licensing body[[1]](#footnote-1) | Yes/No |
| If the investigation or proceedings have not yet reached their final outcome, details of that investigation or proceedings.  Attach a continuation sheet if more space is needed | | |
| If the investigation or proceedings have reached a final outcome that was adverse, details of the final outcome of that investigation or proceedings.  Attach a continuation sheet if more space is needed | | |
| E | are, or have been to your knowledge, subject to any investigation into, or proceedings relating to, your professional conduct by an employer | Yes/No |
| If the investigation or proceedings have not yet reached their final outcome, details of that investigation or proceedings.  Attach a continuation sheet if more space is needed | | |
| If the investigation or proceedings have reached a final outcome that was adverse, details of the final outcome of that investigation or proceedings.  Attach a continuation sheet if more space is needed | | |
| F | are, or have been to your knowledge subject to any investigation or proceedings that could lead or could have led to your removal from a relevant list[[2]](#footnote-2) for a reason relating to unsuitability, fraud or efficiency of service provision | Yes/No |
| Details of that investigation or those proceedings, and of any final outcome to that investigation or those proceedings.  Attach a continuation sheet if more space is needed | | |
| G | are, or have been to your knowledge, where the outcome was adverse, the subject of any investigation by the NHS BSA (or any body that preceded it which had, or outside England which has, primary responsibility for investigating fraud in the health service) in relation to fraud | Yes/No |
| H | have been refused inclusion in, or conditionally included in, or contingently removed or suspended from, any relevant list for a reason relating to unsuitability, fraud or efficiency of service provision | Yes/No |
| If “yes” has been entered in response to any of the questions A, B, C, G or H please provide full details in this section and attach a continuation sheet if necessary.  Attach a continuation sheet if necessary. | | |
| If you are in the process of applying to be included in another relevant list and proceedings relating to the application have not yet reached their final outcome (including where an application has been deferred) please provide details of that application and the reasons for any deferment of that application, or refusal or conditional inclusion where the refusal or conditional inclusion has not yet reached its final outcome.  Attach a continuation sheet if necessary. | | |

You are also required to provide certain information in respect of any other body corporate of which you:

* + - * Are or have been a director or superintendent in the six months prior to the date of this application, and/or
* Have been a director or superintendent for more than six months prior to the date of this application, where you were a director or superintendent of that body corporate at the time of the originating events to which the information in this section relates.

Do you have any declarations to make in respect of any other body corporate of which you are or have been a director or superintendent? Yes ☐ No ☐

If you have answered yes, please provide the following information on the body corporate in relation to which you need to make a declaration.

|  |  |
| --- | --- |
| Full registered name of the other body corporate |  |
| Trading names (if any) |  |
| Companies House company registration number |  |
| Address of registered office |  |
| Fixed line telephone number of registered office. If one is not available please state accordingly. |  |

Attach a continuation sheet if you need to add the details of more than one body corporate.

Please delete “yes” or “no” as appropriate to indicate whether the body corporate:

|  |  |
| --- | --- |
| Has any convictions for offences committed in the United Kingdom that are not spent convictions? | Yes/No |
| Has (being a body corporate registered in the UK) at any time been convicted of an offence elsewhere than in the United Kingdom where the originating events, if they took place in England (at the time of the application), could lead to a criminal conviction in England? | Yes/No |
| Is currently subject to criminal proceedings in the UK or elsewhere than in the UK if the originating events, if they took place in England, could lead to criminal conviction in England? | Yes/No |
| Is, to its knowledge, subject to an investigation by the General Pharmaceutical Council in relation to an entry in Part 3 of the GPhC register, or has it been subject to an investigation by the General Pharmaceutical Council, the Royal Pharmaceutical Society of Great Britain or the Pharmaceutical Society of Northern Ireland in relation to an entry in the register required to be kept under section 75 of the Medicines Act 1968 (registration of premises) where the outcome was adverse? | Yes/No |
| Is, to its knowledge, or has it been subject to any investigation or proceedings that could lead or could have led to its removal from a relevant list? | Yes/No |
| Is, to its knowledge, or has it been where the outcome was adverse, the subject of any investigation by the NHS BSA (or any body that preceded it which had, or outside England which has, primary responsibility for investigating fraud in the health service) in relation to fraud? | Yes/No |
| Has been refused inclusion in, or conditionally included (other than by reason of a condition imposed under Part 9 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013) in a relevant list? | Yes/No |
| If “yes” has been answered to any of the above questions please provide full details.  Name of body corporate:  Attach a continuation sheet if necessary. | |
| If the body corporate is in the process of applying to be included in another relevant list and proceedings relating to the application have not yet reached their final outcome (including where an application has been deferred) please provide details of that application and the reasons for any deferment of that application, or refusal or conditional inclusion, where the refusal or conditional inclusion has not yet reached its final outcome.  Name of body corporate:  Attach a continuation sheet if necessary. | |
| Is there any case in which an application by the relevant body corporate has lapsed by virtue of regulation 35(8) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulation 2013? | Yes/No |
| If “yes” has been answered to the above question please provide full details.  Name of body corporate:  Attach a continuation sheet if necessary |  |

I declare that the information given in this form and on any continuation sheets or addenda is true and complete.

|  |  |
| --- | --- |
| Full name |  |
| Date |  |
| Email address |  |

NHS England’s [Privacy Notice](https://www.england.nhs.uk/contact-us/privacy/privacy-notice/) describes how certain services are provided on behalf of Integrated Care Boards and how personal data is used. It also explains how you can invoke your rights as a data subject. We will protect your information in line with the requirements of the Data Protection Act 2018.

1. “Licensing body” wherever it appears in this form, means any body anywhere in the world that licenses or regulates any profession. [↑](#footnote-ref-1)
2. “Relevant list” wherever it appears in this form means (a) a pharmaceutical list or an equivalent list maintained by another primary care organisation, (b) a list maintained by NHS England or another primary care organisation of approved performers or providers of primary medical, dental, or ophthalmic services. [↑](#footnote-ref-2)