**Chapter 6**

**Annex 1**

**Fitness Information Form**

**Fitness information to be provided in connection with an application for inclusion in the relevant pharmaceutical list - pharmacy partnership**

This form is to be completed where the applicant is applying to be included in the relevant pharmaceutical list for the first time. It must be submitted at the same time as the market entry element of the application.

Please complete in block capitals.

**Section A – details of the applicant**

Partnership name …………………………………………………………………………………….

Please provide the following information for each partner in the partnership.

|  |  |
| --- | --- |
| **Partner 1’s full name** |  |
| **Sex** |  |
| **Date of birth (dd/mm/yyyy)** |  |
| **GPhC/PSNI registration number** |  |
| **Private address and phone number** |  |

|  |  |
| --- | --- |
| **Partner 2’s full name** |  |
| **Sex** |  |
| **Date of birth (dd/mm/yyyy)** |  |
| **GPhC/PSNI registration number** |  |
| **Private address and phone number** |  |

|  |  |
| --- | --- |
| **Partner 3’s full name** |  |
| **Sex** |  |
| **Date of birth (dd/mm/yyyy)** |  |
| **GPhC/PSNI registration number** |  |
| **Private address and phone number** |  |

|  |  |
| --- | --- |
| **Partner 4’s full name** |  |
| **Sex** |  |
| **Date of birth (dd/mm/yyyy)** |  |
| **GPhC/PSNI registration number** |  |
| **Private address and phone number** |  |

(Please attach a continuation sheet if necessary.)

If the partnership is already included in Part 3 of the GPhC register in respect of any other pharmacy premises please list the premises registration number(s) below.

…………………………………………………………………………………………………………..

…………………………………………………………………………………………………………..

I declare that:

1. the information given in this form, and on any continuation sheets or addenda is true and complete, and
2. this partnership is, or is entitled to be, lawfully conducting a retail pharmacy business in accordance with section 69 of the Medicines Act 1968 (general provisions).

|  |  |
| --- | --- |
| Name |  |
| On behalf of  (name of partnership) |  |
| Date |  |

**The information in sections B to D is to be provided by each partner.**

**Section B - Qualifications and work experience**

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

|  |  |  |
| --- | --- | --- |
| **Pharmaceutical qualifications** | **Where obtained** | **Date** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

If you qualified as a pharmacist in Switzerland or an EEA state other than the United Kingdom, the relevant delegated integrated care board must be satisfied that you have the level of knowledge of English which, in the interests of yourself and the people who make use of the services to which your application relates, is necessary for the provision of those services.

In line with the GPhC, the relevant delegated integrated care board requires either:

* a recent pass of the academic version of International English Language testing System (IELTS) test with an overall score of at least 7 and with no score less than 7 in each of the four areas of reading, writing, listening and speaking at one sitting of the test, or
* a recent pass of the Pharmacy Occupational English Language Test with a score of at least a B in each of the four areas of reading, writing, listening and speaking, at one sitting of the test.

‘Recent’ means evidence relating to the test that is less than two years old at the point of making this application.

I have enclosed a copy of my test certificate. Yes ☐ No ☐ Not applicable ☐

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 |  |  |  |
|  | **Date commenced (MM/YYYY)** | **Date finished (MM/YYYY)** | **Appointment or post held, employer, employer's address** |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |

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 either this or another 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**

Please provide details of two referees who are willing to provide references in respect of two recent posts you have held as a pharmacist (which may include any current post) 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;
* 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. |

**Section C - 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 |
|  | have been bound over following a criminal conviction in the United Kingdom | Yes/No |
|  | have accepted a police caution in the United Kingdom | Yes/No |
|  | have, in summary proceedings in Scotland in respect of an offence, been the subject of an order discharging you absolutely (without proceeding to conviction) | Yes/No |
|  | 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 |
|  | 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, please give 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, please give 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, please give 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, please give 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 |
| Please give 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. | | |
| 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. | | |

**Section D - declarations and undertakings**

I declare that:

1. I am a registered pharmacist,
2. the information given in this form, and on any continuation sheets or addenda is true and complete, and
3. this partnership is, or is entitled to be, lawfully conducting a retail pharmacy business in accordance with section 69 of the Medicines Act 1968 (general provisions).

The partnership undertakes:

1. to notify the relevant delegated integrated care board within seven days of any material changes to information provided in either this form and on any continuation sheets or addenda that occur before:
   1. the application is withdrawn,
   2. while the application remains the subject of proceedings, the proceedings relating to the application reach their final outcome and any appeal through the courts has been disposed of, or
   3. if the application is granted, the partnership commences the provision of services to which the application relates,

whichever is the latest of these events to take place, and

1. to notify the relevant delegated integrated care board if the partnership is included, or applies to be included, in any other relevant list before:
   1. the application is withdrawn,
   2. while the application remains the subject of proceedings, the proceedings relating to the application reach their final outcome and any appeal through the courts has been disposed of, or
   3. if the application is granted, the partnership commences the provision of services to which the application relates,

whichever is the latest of these events to take place.

|  |  |
| --- | --- |
| Name (partner) |  |
| Name of partnership |  |
| 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)