

Application for registration as a pharmacy technician

EEA application pack



**Royal
Pharmaceutical
Society**
of Great Britain

Guidance notes for completing the application form

Please read carefully before completing forms

Introduction

You should use this application pack if you are an EEA (European) or Swiss national and want to apply to register as a pharmacy technician in Great Britain and

- You have a pharmacy technician qualification that allows you to practise in your country of origin, or
- If pharmacy technician education and training is unregulated in your country of origin, you are recognised as a pharmacy technician and have worked there for a minimum of two years out of the previous ten as a pharmacy technician.

We will consider your application and may decide that you are not eligible for registration, or are required to complete either an adaptation period or an aptitude test covering theoretical knowledge and practical skills not covered as part of your education and training. You will be able to choose between an adaptation period or an aptitude test.

Who we are

The Royal Pharmaceutical Society of Great Britain is the regulatory and professional body for pharmacists and the statutory regulatory body for pharmacy technicians.

We started a voluntary register of pharmacy technicians in January 2005. On **1 July 2011** registration will become mandatory (compulsory). You will need to apply to register with us before registration becomes mandatory to continue working as a pharmacy technician.

If you don't apply to register before mandatory registration starts you will not be able to call yourself or work as a pharmacy technician. If you want to register after mandatory registration starts you will also need to meet our post-transitional entry requirements. This may mean that you will need to complete further qualifications before you can register with us.

What is registration for?

The regulation and registration of pharmacy technicians benefits the public, patients and pharmacy technicians in the following ways:

Professional recognition We approve qualifications and set other criteria for entry to the pharmacy technicians' register. The existence of defined standards will lead to increased recognition for pharmacy technicians as a professional group and will help to foster relationships with other healthcare professions.

Independent regulation We are an independent regulatory body. This means that while we work closely with a number of stakeholders we are not part of the Department of Health or the NHS. We are run by an elected Council made up of pharmacists, pharmacy technicians and members of the public. The two pharmacy technician members of Council are elected by registered pharmacy technicians.

Protection of title In future only those who meet and maintain recognised professional standards will be able to register and practise as pharmacy technicians and use the title. Registering with us means that you will be able to continue to use the title pharmacy technician after it becomes protected in law.

Defined standards of professional conduct All registered pharmacy technicians are required to comply with the Society's Code of Ethics which sets out our expectations regarding the professional conduct of pharmacists and pharmacy technicians. The Code of Ethics is updated from time to time to reflect changes in practice.

Upholding the reputation of pharmacy technicians The reputation of an entire professional group can be damaged by just a handful of people who do not uphold the same high standards as the rest of the group through poor performance, ill health or misconduct. We have powers to bring proceedings against any registered pharmacy technician who is considered to be practising in such a way that they are putting the public at risk.

Maintaining professional competence Participation in continuing professional development (CPD) is central to working as a professional. It will enable registered pharmacy technicians to demonstrate to employers, the NHS and patients that they are maintaining and building on their capabilities. Participation in CPD is mandatory for pharmacy technicians who are registered as practising.

About this guidance

Please read the guidance carefully before you begin and refer to it when you fill in the form. If you read the guidance and you are still not sure how to answer a question, or there is no guidance for the question you are trying to answer, you can:

- look on the pharmacy technician page of our website www.rpsgb.org
- call us on 020 7572 2610
- email us at pharmacytechnician@rpsgb.org
- write to us at Pharmacy Technician Registration, Support Staff Regulation Division, RPSGB, 1 Lambeth High Street, London SE1 7JN.

When filling in your forms please use a black ball point pen and use block capitals. Please mark boxes clearly.

We always try to process applications for registration as quickly as possible but this may take up to 6-8 weeks during busy periods. If you would like us to acknowledge the receipt of your application include a stamped self-addressed envelope or postcard with your application.

We strongly recommend that you keep a copy of the completed application in the event of the forms not reaching us. Receipt of postage or recorded delivery is also recommended. We will not accept liability for any loss as a result of completed applications not reaching us.

We will always write to you to tell you what decision we have made about your application.

To help us process your application as quickly as possible, please check it very carefully and make sure you include all the documents we need.

If we need to contact you, we will use the details you provide on the form.

Fees

When you apply to register with us you need to pay two fees

- The overseas **application fee**. This covers our costs for processing your application for registration.
- A **retention fee**. This covers our costs for maintaining your name on the register. The retention fee you pay is dependent on the quarter of the year when you enter the register and whether you are applying to join the practising or non-practising register.

You need to submit the application fee with your application. We will contact you for the retention fee once the evaluation of your application has been completed if your application has been successful.

You must make your payment by credit or debit card as we no longer accept cheque payments. You should complete the **Payment Form** included with this pack providing your card details. Details of the current application and retention fees are provided on this form. The form is also available to print off from the pharmacy technician page of our website

Please be aware

- We require both fees to enter you onto the Register of Pharmacy Technicians. You will not be registered as a pharmacy technician until we have taken both payments.
- If you send in your applications without the correct fees your application will be returned to you.
- You must use the Payment Form.

Completing the application form

Section 1 Personal details

Questions 1.2 and 1.3: Names

We must be sure that the evidence you supply relates to you and not to someone else. Your registered name must be the same as the name you intend to practise under. You can be registered in and practise under whatever name you choose provided you have appropriate documentation to support it. This means that if you wish to be registered in a different name to that shown on your passport, birth certificate and/or your qualification certificate you must provide either:

- a marriage certificate or other acceptable documentation (for instance a Deed Poll or Certificate of Civil Partnership) certified as a true copy by the pharmacist countersigning your application, or
- a statutory declaration completed in the presence of a solicitor. A statutory declaration form is available on the pharmacy technician page of the Society's website www.rpsgb.org. Alternatively you can call us on 020 7572 2610.

It is essential that your personal details are kept up to date. If you change your name during the application process you must notify us in writing with a photocopy of the relevant documentation (i.e. statutory declaration, marriage certificate) countersigned on the back by the pharmacist who countersigns your application for registration.

If you change your name after being registered, you must notify us in writing within 28 days with a photocopy of the relevant documentation.

Question 1.5: Home address

It is a requirement that your contact details are kept up to date. Your registered address with us must be your home address since this is the address we will use for correspondence with you. We will not publish this address on the publicly available Register.

If you change your address during the application process, you must notify us. We can change your home address over the telephone or by email. If you change your address after being registered, you must notify us within 28 days.

Section 2 Fitness to practise

Question 2.1: Previous applications

You must tell us:

- If you have been registered with us in the past as a pharmacist or pharmacy technician
- If you have previously applied for registration with us as a pharmacist or pharmacy technician
- If you have previously undertaken or applied to us to undertake pre-registration training.

If any of these applies to you must also tell us:

- the date of your application
- the type of application (for instance, was it made through transitional provisions, as an international application or were you applying to register as a pharmacist)
- any previous registration or pre-registration or application numbers you may have
- any other information you think is relevant (for instance, if you began an application but then withdrew).

Questions 2.2 and 2.3: Registration with other health regulatory bodies

You must tell us if you are, or have been, registered with any other regulatory bodies. If you are registered with more than one body please provide details on a separate sheet.

Questions 2.4 to 2.10: Legal and disciplinary proceedings

You must tick either yes or no for each of questions 2.4 to 2.10. If you have answered yes to one or more of the questions you will need complete a **Fitness to Practise form**. To get a form call us on 020 7572 2610.

It is important that you tell us if you have been involved in any legal or disciplinary proceedings including any that have resulted in a caution. Failure to do so may result in investigation at a later stage.

We define a 'conviction' as a finding, in criminal proceedings in the UK (or elsewhere), that a person has committed the offence alleged.

You do not need to include road traffic offences where you were offered the option of paying a fixed penalty. This is even if you refused the option of paying the fixed penalty and were convicted of the offence by a court.

Question 2.11: Health declaration

You must tick either yes or no against question 2.11. If you have answered yes to this question you will need complete a **Fitness to Practise form**. To get a form call us on 020 7572 2610.

It is important that you tell us if you have any problems with your physical or mental health that may impair your ability to practise. Failure to do so may result in investigation at a later stage.

Section 3 Education and training

You need to provide the title of the qualification, the address of the awarding institution, the date you commenced your qualification and the date you were awarded your qualification. Also provide details of the mode of study, for instance if it was full time or part time and details of any required periods of work experience.

If you have more than one qualification please continue on a separate sheet.

Section 4 Career history

You must provide information on your work experience as a pharmacy technician and student technician, including main responsibilities and duties. You do not need to provide information about work experience that is not pharmacy-related. If there are gaps between jobs you will need to give a brief explanation, for instance if you were travelling, working in a non pharmacy role, home maker. Remember to include any maternity leave dates and changes in hours or responsibilities as appropriate.

If you meet the route a work experience requirements and have been qualified for more than 8 years you need only give details covering the last 8 years.

If you have been qualified for less than 8 years or are applying under route b you must provide a full career history. Only work experience after the date you started your pharmacy technician course is considered relevant, even if you were working in pharmacy before you started your course.

Section 5 Declaration by applicant

You must sign and date the declaration. Please delete statement 1(a) or 1(b) depending on whether you are applying to join the “practising” or “non-practising” part of the register. Fraudulently procuring an entry in the pharmacy technicians’ register will be treated as misconduct and may result in removal from the Register.

If you are applying before the register becomes statutory you will also need to sign the additional declaration as you will be applying to join the voluntary register. Applicants who join the voluntary register will be entered onto the statutory Register of Pharmacy Technicians once the register becomes statutory.

Equality monitoring form

The Council for Healthcare Regulatory Excellence (CHRE) has asked us to collect information about registrants and members for monitoring purposes. The questions and categories listed have been provided by CHRE. You are not required to provide this information if you do not wish to do so.

Area of practice

Please provide information on your main area of practice. This helps us to monitor the areas of practice in which pharmacy technicians are working when they join the Register. We understand that some pharmacy technicians have more than one job and that these may be in different areas of practice. If this is the case for you, tick the box that most accurately describes your main area of practice.

Application documents checklist

EEA applicants

Application form	
Payment form with credit or debit card details. DO NOT SEND CHEQUES OR CASH	
Certified photocopy of birth certificate (and/or statutory declaration if applicable)	
Certified photocopy of marriage certificate or other acceptable document(s) (if applicable)	
Certified photocopy of qualification certificate	
Certified photocopy of passport	
Passport sized photograph certified as a true likeness enclosed in an envelope	
The syllabus (detailed curriculum) of your qualification	
Letter of good standing from each State in which you have practised as a pharmacy technician	
Stamped, self addressed postcard for confirmation of receipt of registration documents	

Certified copies and translations

Where a certified copy of a document is required you can submit either the original document or a photocopy that are certified as a true copy of the original.

You can get your copies certified by a solicitor from the UK or legal equivalent in your country of origin. They must write "*I certify that I have seen the original document and that this is a true copy*", sign and date each photocopy they are countersigning.

If you are already working in the United Kingdom, a registered pharmacist may also certify your copies. In addition to the requirements outlined above, the pharmacist must also provide their registration number on each copy they are certifying.

If a document is not in English, you must also provide an **original certified translation** in English.

Your **passport sized photograph** must be signed and dated by a legal or healthcare professional, justice of the peace or person of standing in the community, who has known you for at least two years and certified with the wording "*I certify that this photograph is a true likeness of the applicant*" and submitted in an envelope

No liquid paper amendments or alterations of any other kind are permitted to certified copies.

Letters of good standing and eligibility to practice

We require a letter confirming your good standing and eligibility to practise as a pharmacy technician in your Home State. If you are a registered pharmacy technician this must be from your Registration Authority. If you are not required to be registered you must provide either a completed Character Reference by a Registered Pharmacist form or provide a Police Clearance Certificate. A letter of good standing, Character Reference or Police Clearance Certificate must be provided for each State in which you have practised as a pharmacy technician.

Completed forms and other documents should be returned to:

**Pharmacy Technician Registration,
Support Staff Regulation Division,
RPSGB,
1 Lambeth High Street,
London SE1 7JN**

If you would like us to acknowledge the receipt of your completed application please complete and enclose with your application a stamped, self addressed postcard. Due to the volume of applications of received the Society cannot confirm receipt if you do not enclose a postcard. We can only confirm the progress of your application once your application has been processed. Please wait **at least four weeks** before contacting us about the progress of your application. **Please keep a copy of your application in case the original doesn't reach us.**

EEA application form

Section 1 Personal details

1.1	Title	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Other (please state)	<input type="text"/>	
1.2	Surname(s)	<input type="text"/>										
1.3	Forename(s)	<input type="text"/>										
1.4	Date of birth	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
1.5	Home Address	<input type="text"/>										
		<input type="text"/>										
		<input type="text"/>										
	Country	<input type="text"/>										
		<input type="text"/>										
		<input type="text"/>										
1.6	Nationality	<input type="text"/>										
1.7	Home phone	<input type="text"/>					Work phone	<input type="text"/>				
	Mobile	<input type="text"/>										
1.8	Email address	<input type="text"/>										

OFFICE USE ONLY

Section 2 Fitness to practise

- 2.1 Have you ever applied previously for registration with the Royal Pharmaceutical Society of Great Britain, either as a pharmacy technician or as a pharmacist or undertaken preregistration training with the Society? Yes No

If 'yes' please provide details, including your application, registration or preregistration number

Application, registration or preregistration number	<input type="text"/>
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- 2.2 Are you currently registered with any other regulatory body? Yes No

- 2.3 Have you previously been registered with any regulatory body? Yes No

If you have answered 'yes' to either question 2.2 or 2.3 please give details

Name of body

Registration no. Country of body

If you are registered with more than one body please provide details on a separate sheet

By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 and Schedule 4 of the Rehabilitation of Offenders Act 1974 (Exclusions and Exceptions) (Scotland) Order 2003, you are exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974. You are not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the Act, and failure to disclose such convictions could result in disciplinary action by the Society.

- 2.4 Have you ever been convicted in the British Islands of a criminal offence? Yes No

- 2.5 Have you ever been convicted elsewhere than in the British Islands for an offence which, if committed in England and Wales, would constitute a criminal offence? Yes No

- 2.6 Have you ever been discharged absolutely by an order under section 246(2) or (3) of the Criminal Procedure(Scotland) Act 1995 (admonition and absolute discharge)? Yes No

- 2.7 Have you ever accepted a conditional offer under section 302 of the Criminal Procedure (Scotland) Act 1995 (fixed penalty: conditional offer by procurator fiscal)? Yes No

- 2.8 Have you ever agreed to pay a penalty under section 115A of the Social Security Administration Act 1992 (penalty as alternative to prosecution)? Yes No

- 2.9 Have you ever received a police caution in the British Islands? Yes No

- 2.10 Are you, or have you ever been, subject to a determination made by a regulatory body in the United Kingdom responsible under any enactment for the regulation of a health or social care profession to the effect that your fitness to practise as a member of a profession regulated by that body is impaired, or a determination by a regulatory body elsewhere to the same effect? Yes No

If you have answered **yes** to any of these questions please provide details on the Fitness to Practise Form. A copy of the form is available to download from the Registration section of the Society's website www.rpsgb.org

- 2.11 Do you have any problems with your physical or mental health that may impair your ability to practise? Yes No

If you have answered **yes** to this question please provide details on the Fitness to Practise Form. A copy of the form is available to download from the Registration section of the Society's website www.rpsgb.org

Section 3 Education and training

Applicants are required to provide evidence that their qualification and/or professional experience are equivalent to the **Core Underpinning Knowledge** and **Core Standards of Practice** required for qualification as a pharmacy technician qualification in Great Britain. If there is a substantial difference, applicants may be required to complete either an adaptation period or an aptitude test.

3.1 Title of qualification

Name and address of awarding institution

Country

3.2 Date commenced (mm/yyyy) / Date awarded (mm/yyyy) /

3.3 Mode of study e.g full-time, part-time day release

3.4 If your training programme included any mandatory periods of work experience please give brief details

Section 4 Career history

Applicants should provide their **full career history as a pharmacy technician and student technician** starting with their most recent role.

A Most recent job title/position

Department

Organisation

Address

Hours worked per week Start date / End date (if applicable) /

Main responsibilities/duties

Name of most recent line manager / supervising pharmacist

Job title of most recent line manager / supervising pharmacist

Contact number for most recent line manager / supervising pharmacist

Section 4 Career history continued

B Job title/position _____
Department _____
Organisation _____
Address _____

Hours worked per week Start date / End date /

Main responsibilities/duties _____

Name of line manager / supervising pharmacist _____

C Job title/position _____
Department _____
Organisation _____
Address _____

Hours worked per week Start date / End date /

Main responsibilities/duties _____

Name of line manager / supervising pharmacist _____

D Job title/position _____
Department _____
Organisation _____
Address _____

Hours worked per week Start date / End date /

Main responsibilities/duties _____

Name of line manager / supervising pharmacist _____

Please continue with your Career History on separate sheets if necessary

Section 5 Declaration by applicant

Which part of the register are you applying to join (**please tick one box only**)?

- 1a I am applying to join Part 1 of the Register – Practising **OR**
- 1b I am applying to join Part 2 of the Register – Non-practising and under articles 3 (2) and 22 (2) of the Pharmacists and Pharmacy Technicians Order 2007, I hereby declare that I will not undertake any work or give any advice in relation to the dispensing or use of medicines, the practice of pharmacy or the provision of healthcare in Great Britain, the Channel Islands or the Isle of Man, whilst acting in the capacity of or holding myself out as a pharmacy technician.

I DECLARE that:

- 2 The information I have provided in this form and in any supporting documents is complete, true and accurate.
- 3 I will comply with standards of conduct, practice and performance (including the Code of Ethics and related guidance) published by the Society's Council. If I am applying to join Part 1 of the Register, I understand this includes meeting the Society's CPD requirements and having in place appropriate indemnity arrangements.

I UNDERSTAND that:

- 4 I have a duty to notify the Registrar of any changes to my name, home address or other contact details forthwith and I may be removed from the register if I fail to do so.
- 5 I have a duty to notify the Registrar of any fitness to practise matters prior to registration, and within 7 days of any occurrence after registration, and I may be removed from the register if I fail to do so.
- 6 If I am found to have given false or misleading information in connection with this application for registration, I may be removed from the register.
- 7 The Society makes use of the data gathered by means of this form to support its work as the regulatory body for pharmacists and pharmacy technicians. Data may be shared with third parties in pursuance of the Society's aims and objectives. The Society does not share this data on a commercial basis with any third party.

Signature

Date

 / /

Additional declaration for applicants applying to join before the start of statutory registration

If you submit your application before the register becomes statutory you are applying to join the voluntary register and are **also** required to sign the declaration below:

I declare that I have read, understood and will fully comply with the procedures set out in the protocol for the voluntary register (Pharmacy Technicians (Voluntary Registration) Protocol 2008) and the Code of Ethics for Pharmacy Technicians issued by the RPSGB. If I am applying to join the non-practising register, I will not work in or give advice in relation to the science of medicines or the practice of pharmacy or healthcare, and I will not represent myself at any time as a practising pharmacy technician.

Signature

Date

 / /

Equality monitoring form

The Council for Healthcare Regulatory Excellence (CHRE) has requested that the Society collects the following information. Applicants are not required to provide this information if they do not wish to do so.

1 What is your ethnic group?

(Please tick the appropriate box)

A White

British

Irish

Other White (please specify)

B Black or Black British

Caribbean

African

Other Black (please specify)

C Mixed

White and Black Caribbean

White and Black African

White and Asian

Other Mixed (please specify)

D Asian or Asian British

Indian

Pakistani

Bangladeshi

Other Asian (please specify)

E Other Ethnic Group (please specify)

2 What is your gender?

Male

Female

3 What is your sexual orientation?

Heterosexual

Lesbian / Gay

Bisexual

4 What is your religion?

None

Christian

Buddhist

Hindu

Jewish

Muslim

Sikh

Other (please specify)

5 Do you consider that you have a disability?

Yes

No

Area of practice

Providing information on your main area of practice you will enable the Society to monitor the areas of practice in which pharmacy technicians are working at the time of registration.

Please tick the **one** box that most accurately describes your **main** area of practice

Community

Hospital

Industrial

Wholesale

Teaching

Non-pharmaceutical

Primary Care

Other

Character Reference by a Registered Pharmacist

You must satisfy us that you are of good character.

If you are a registered pharmacy technician you must provide a letter of good standing from your Registration Authority.

If you are not registered as a pharmacy technician you must provide

- a character reference form completed by a Registered Pharmacist with whom you have worked as a pharmacy technician or
- a Police Clearance Certificate.

You must provide a letter of good standing, a completed character reference form, or a Police Clearance Certificate for each State you have worked as a pharmacy technician.

We may make further enquiries of the applicant or referee in order to clarify or verify any part of your character reference.

1.1 Name of applicant

I know of no reason why this person would not be a fit and proper pharmacy technician.

1.2 Name of referee

1.3 Address

Country

1.4 Telephone number

1.5 Registration number

1.6 Name of Registration Authority

1.7 Relationship with applicant

1.8 Additional information

Please continue on separate sheets if necessary

Signature

Date

 / /

Pharmacy Technician Registration
Support Staff Regulation Division
Royal Pharmaceutical Society of Great Britain
1 Lambeth High Street
London SE1 7JN