**Annex 2**

**Information to be included in routine and excepted applications for inclusion in a pharmaceutical list**

This form must accompany routine and accepted applications for inclusion in a pharmaceutical list in accordance with paragraph 2, Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (the 2013 Regulations) where the applicant is relying upon paragraph 5, Schedule 2 of those regulations.

Please complete this form as legibly as possible. Please complete the relevant part of section 1 and section 2.

**Section 1 – information on the applicant**

* 1. **Sole Trader**

If you are applying as a **sole trader**, complete the information in this section.

|  |  |
| --- | --- |
| **Name** |  |
| **Sex** |  |
| **Date of birth (dd/mm/yyyy)** |  |
| **Private address and phone number** |  |
| **Correspondence address (if different to above)** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI register** |  |

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

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|  |  |
| --- | --- |
| **I declare that I am a registered pharmacist.** | |
| **Name** |  |
| **Date** |  |

* 1. **Partnership**

If you are applying as a **partnership**, complete the information in this section:

|  |  |
| --- | --- |
| **Partnership name** |  |
| **Correspondence address** |  |

Please provide the following information for each partner in the partnership. GPhC/PSNI registration numbers and declarations only need to be provided for pharmacy applications.

|  |  |
| --- | --- |
| **Partner 1** | |
| **Name** |  |
| **Sex** |  |
| **Date of birth (dd/mm/yyyy)** |  |
| **Private address and phone number** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI register** |  |

|  |  |
| --- | --- |
| **Partner 2** | |
| **Name** |  |
| **Sex** |  |
| **Date of birth (dd/mm/yyyy)** |  |
| **Private address and phone number** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI register** |  |

|  |  |
| --- | --- |
| **Partner 3** | |
| **Name** |  |
| **Sex** |  |
| **Date of birth (dd/mm/yyyy)** |  |
| **Private address and phone number** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI register** |  |

|  |  |
| --- | --- |
| **Partner 4** | |
| **Name** |  |
| **Sex** |  |
| **Date of birth (dd/mm/yyyy)** |  |
| **Private address and phone number** |  |
| **Email address** |  |
| **Registration number in the GPhC/PSNI register** |  |

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.

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(Pharmacy applications only) I declare that:

* each partner named above is a registered pharmacist, and
* 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).

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

* 1. **Corporate Body**

If you are applying as a **corporate body**, complete the information in this section:

|  |  |
| --- | --- |
| **Full registered name of the corporate body** |  |
| **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.** |  |

Please provide the following information for the superintendent (for pharmacy applications) and each director (for all applications). GPhC/PSNI registration numbers only need to be provided for pharmacy applications.

|  |  |
| --- | --- |
| **Superintendent** | |
| **Full name** |  |
| **GPhC registration number** |  |
| **Date of birth** |  |
| **Superintendent's private address** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Director 1** | |
| **Full name** |  |
| **Date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Director 2** | |
| **Full name** |  |
| **Date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Director 3** | |
| **Full name** |  |
| **Date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Director 4** | |
| **Full name** |  |
| **Date of birth** |  |
| **GPhC/PSNI registration number (if applicable)** |  |
| **Email address** |  |

Please attach a continuation sheet if necessary.

If the body corporate 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.

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Please attach a continuation sheet if necessary.

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| --- | --- |
| **I declare that this body corporate 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** |  |
| **Position** |  |
| **On behalf of (name of body corporate)** |  |
| **Date** |  |

**Section 2 – personal work histories**

As I am/we are relying upon fitness information that has previously been provided to NHS England or, prior to 1 April 2013, a home primary care trust (bodies corporate only) I confirm that:

* The personal work histories for the seven years ending on the date this application is submitted have previously been provided in relation to each of the pharmacists identified in section 1, and the details are a complete and accurate account of each pharmacist’s personal work history  Yes ☐ No ☐
* None of the pharmacists identified in section 1 has been dismissed from a post in the seven years ending on the date this application is submitted

Yes ☐ No ☐

* None of the pharmacists identified in section 1 has had a break of more than six months from work in the seven years ending on the date this application is submitted

Yes ☐ No ☐

* All of the pharmacists identified in section 1 have 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 any of the above statements, please provide full details in the box below, including the name of the pharmacist (or pharmacists) to whom the information relates.

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| --- |
|  |

Attach a continuation sheet if more space is needed.

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.