

# Recognition as an EEA qualified pharmacist

## Guidance notes and application form

March 2017

Version 2.2

Send your completed application to:

EEA Applications  
General Pharmaceutical Council  
25 Canada Square  
London  
E14 5LQ

[Contact us](#)

Phone: 0203 713 8000

Email: [international@pharmacyregulation.org](mailto:international@pharmacyregulation.org)

## Introduction to this guidance

The registration guidance notes should provide you with all of the information you require to successfully complete the recognition process. Please read this document carefully before contacting the General Pharmaceutical Council (GPhC) with any queries.

You are required to complete this application pack if you are:

- a national of a Member State of the European Economic Area (EEA) or are an exempt person
- and in good standing with your professional authority in your Member State
- and entitled to practise as a pharmacist in the EEA

This application for recognition will enable the GPhC, once you have provided all the required documentation as listed, to determine your appropriate route to registration and supply the relevant 'application for registration' form.

EEA nationals qualified as pharmacists in the EEA should use this information pack to make their application. To be eligible to apply you must have completed an appropriate pharmacy course and must be registered or eligible to register as a pharmacist in your Member State of qualification.

We always try to process applications for recognition as quickly as possible. We will review your application documentation within 28 days of receipt and contact you by email if any documentation is incorrect.

**All communications from the GPhC during the application process are carried out over email, please ensure your email address is clearly written on the application.**

## Preparing and completing your application

1. Read all the guidance carefully.
2. Use a black ball point pen, WRITE IN BLOCK CAPITALS and mark boxes clearly to answer the questions on the application form. No liquid paper amendments or alterations of any other kind are permitted on the application form or certified copies of documents
3. To help us process your application as quickly as possible, please check your documents very carefully to make sure you have provided all that is required and in the format required (e.g. certified copy or original document). We recommend that you make use of the checklist provided in the information pack.
4. Arrange for any documents not in English, including notary certifications to be translated into English.
5. Contact the relevant authorities to arrange for them to send the relevant documents directly to us.
6. Check that all the names on your documents are spelt the same way and any changes in name can be tracked. If there are variations see below for advice.
7. A solicitor or notary can certify photocopies of your documents as true copies of the original.
8. Arrange for your photograph and section 3 of your form to be signed by an appropriate person.
9. Send your completed application to us as instructed on the checklist.
10. The GPhC reserves the right to request additional documents at any time during the process.

## Names

Your documents may have variations of your names (including the addition of parent's initials). To complete your application you **MUST** provide official documentation or a sworn declaration as follows to verify any name changes or variations.

- Marriage / Civil Partnership certificate
- Statutory declaration sworn before a registered lawyer or notary if you are outside the UK or a UK Registered solicitor if you are in the UK.

## Certified documents

Your supporting documents (**with the exception of UK birth and marriage certificates**) must be certified as a true copy by one of the following:

- Solicitor (or equivalent in your member state)
- Notary

The certification must read:

***"I certify that I have seen the original document and that this is a true copy"***

- It must be signed, dated within the last 6 months and include their legal professional registration number (for example an SRA number for a Solicitor). We will not accept documents certified by anybody apart from those legal professions listed above.
- The legal professional should write their name in block capitals as well as sign the document.
- We do not provide details of legal professionals to approach to certify your documents.
- Certifications not in English are required to be translated.

Please note that UK birth certificates and UK marriage certificates cannot have certified photocopies made.

If you have a UK birth certificate or a UK marriage certificate you will need to apply for a duplicate from the General Register Office. Website: [www.gro.gov.uk/gro/content/certificates](http://www.gro.gov.uk/gro/content/certificates)

## What documents must be certified?

- Qualification certificate
- Proof of identity documents - passport or national ID card
- Birth certificate (if you were born outside of the UK)
- Marriage certificate (if you were married outside the UK)
- Licence to practise (if applicable)

## Translations

Any document that is not provided in the English language **MUST** be accompanied by a translation as follows:

- The translation must be completed by a professional translator
- It must be a literal translation, not an interpretation of the original document
- All certifications and ink stamps on the original document must also be translated
- The translator must put their business stamp on each document translated and sign and date the statement "this is a true and accurate translation" and attach the translation to the original language document or provide a list of the documents translated.
- Translations are also required for any notary or solicitor certifications which are not in English

### Direct Documents

The GPhC requires that certain documents (letters of good standing and certificates of compliance) are sent directly from the issuing body. If these documents are considered to have been supplied via yourself or any other third party they will be rejected and you will be required to arrange for new documents to be provided in the correct manner.

### Inability to supply documents

In general, your application will not be considered for recognition until all of the required documents have been received and considered acceptable. If you cannot supply any documents required you should provide a written explanation of why this situation has arisen. If your explanation is accepted you will be advised of how to proceed and what alternative documents may be considered.

### Data protection

The GPhC is a data controller registered with the Information Commissioner's Office. The GPhC makes use of personal data to support its work as the regulatory body for pharmacists, pharmacy technicians registered pharmacies in Great Britain. We may process your personal data for purposes including updating the register, administering and maintaining registration, processing complaints and compiling statistics.

The GPhC will not share your personal data on a commercial basis with any third party. We may share your data with third parties to meet the GPhC's statutory aims, objectives, powers and responsibilities under the Pharmacy Order 2010, the rules made under the Order and other legislation. We may pass information to organisations with a legitimate interest including other regulatory and enforcement authorities, NHS trusts, employers and Department of Health. We may also share information with universities and research institutions for the purpose of research.

In some circumstances, the GPhC may use the European Commission's Internal Market Information System (IMI) to share your personal data with relevant competent authorities in other European member states. This would usually be where we need to clarify information you have provided against records held by other authorities. You have the right to request a copy of any records held on you in the IMI and to have your data corrected. For contact details and other information about IMI, see the IMI website.

We will publish pharmacists' and pharmacy technicians' fitness to practise records on our website as described in the Publication and Disclosure Policy.

### Fees

**Scrutiny fee £109** to be paid with initial recognition application and is non-refundable.

**Application for registration fee £106** to be paid on request by GPhC with application for registration.

**First entry fee £250** to be paid on request by GPhC with application for registration form. This is the fee for your name to be on the register (providing you remain in good standing) for 12 months from the date you first join the register

#### **Please note that fees are reviewed annually.**

You should pay the fees by credit or debit card using the payment forms provided to you. You may use a card that is not in your name providing you have the permission of the cardholder to use it.

## Documents required from the applicant

### Completed questionnaire and payment form

Please ensure you:

- Write clearly in black ink
- Include a legible email address where possible. This will enhance the communication process
- Provide a UK postal address where possible
- Complete ALL sections of the questionnaire

### Degree

You must provide a certified copy of your diploma / degree certificate. If your certificate has not been issued by the time of your application for recognition, you must provide an original letter from your university confirming that you have been awarded the qualification and that your certificate has not yet been issued to you.

We **DO NOT** accept Diploma Supplements.

### Passport/proof of nationality

You must send a certified true copy of your passport or national ID card, showing the photo page and the expiry date of the passport. Your passport must be valid and the copy certified as a true copy by either a notary or a solicitor (in exactly the same manner as the degree certificate). Please do not send the original.

### Birth/marriage/civil partnership certificate

If you were born outside of Great Britain you must provide a certified copy of your birth certificate, this may be certified by a solicitor or notary. Please do not send the original. If your birth certificate is not in English please submit a professional translation (if the certification is not in English it should also be translated).

Please note that the date on which your birth was registered must not be later than one year after your actual birth. If your birth was registered after this time then you will need to complete part A of a statutory declaration and send this with your application.

You must arrange for a solicitor to complete Part A of a statutory declaration if:

- You do not have a copy of your birth certificate
- Your birth was not registered within in one year of your birth

If you have changed your name by marriage (female applicants) you should provide a certified copy of your marriage certificate (translated as necessary).

If you have changed your name other than by marriage you should complete declaration B of the statutory declaration enclosed in this pack.

Please note that UK birth certificates, UK marriage certificates and UK Civil Partnership certificates cannot have certified photocopies made. If you have a UK birth certificate, a UK marriage certificate or a UK Civil Partnership certificate you will need to apply for a duplicate from the General Register Office.

## Licence to practice

If you have a licence to practice from your qualifying Member State you should provide a certified copy (and translation if applicable) of that certificate.

## Photograph and photo certification form

You should submit a recent (less than 3 months old) passport photograph which has been certified on the back and attached to the Photograph certification form in this application.

- Your photograph must be certified, signed and dated by a professional person, or a person of standing in the community. Examples include a pharmacist, a university lecturer, a registered solicitor or a licensed Medical Practitioner. The person providing the countersignature must not be related to you by birth or marriage. Neither should they be in a personal relationship with you nor live at your address.
- The signatory must have known you for **at least two years**
- The certification on the back of the photograph should read:  
*"I certify that this is a true likeness of [Mr/Mrs/Miss/Ms or other title, followed by the applicant's full name]"*
- The photograph must be signed and dated by the signatory under the certification
- The person certifying the photograph must also complete Section 2 of the application form
- The photograph must be stapled to the top right corner of Section 2 of the application form

**Please note that the GPhC will not accept photo certification from those that are not deemed acceptable countersignatures. Receipt of unacceptable certification will delay the progression of your application.**

## Statutory declaration

When submitting your registration documents, please bear in mind that the names on your birth certificate, degree certificate, proof of identity document(s) and application form must be identical in every way. That includes any middle names or initials you may have and any changes in spelling or order. If the names on these documents are not identical, you must see a solicitor (or notary if you are outside the UK) and complete the relevant sections of a statutory declaration. Failure to do this will delay your registration.

If any of the following apply, you will need to arrange for a solicitor to complete a Statutory Declaration:

- You do not have a birth certificate  
**COMPLETE DECLARATION 'A'**
- You want to register in a name other than that on your birth certificate/marriage certificate e.g. additional/dropped names or letters [The name you put on the statutory declaration should be identical to that which you put on your application form]  
**COMPLETE DECLARATION 'B'**
- Names on your degree certificate or proof of identity document(s) are not identical in every way to those on your birth certificate and application form [All names must be identical: word for word, letter for letter and in the same order. Initials are not acceptable]  
**COMPLETE DECLARATION 'C'**
- The registration date on the birth certificate is not within one year of the date of birth or is not shown  
**COMPLETE DECLARATION 'A'**

## Direct documents

### 1. Evidence of Registration and Good Standing

This must be an original document from your professional authority which confirms your registration and good standing with that authority. **This document must be sent direct to the GPhC by your professional authority.** The professional authority must confirm that you have not been the subject of any disciplinary proceedings and that there are no disciplinary proceedings pending against you.

If you are not registered with a professional authority you are required to provide an original up to date clear police record and translation from your Member State. This does not need to be sent direct from the issuer to the GPhC. **Without an acceptable letter of good standing or clear police record your application for recognition cannot be complete.**

Under Article 50 of Directive 2005/36/EC your letter of good standing has a validity of **3 months**. Your application must be submitted within 3 months of the date of issue of your letter of good standing. You are strongly advised not to delay sending your application once you have requested your letter of good standing.

If you are registered with more than one professional authority and/or have worked in an additional country during the last 5 years, evidence of good standing from the relevant authority(s) will be required.

### 2. Compliance with Directives

We require a document from the Competent Authority in your country of qualification which confirms that your qualification or work experience complies with the relevant European Directives. **This certificate must be sent direct to the GPhC by your Competent Authority.**

Documents confirming compliance with Article 23 of Directive 2005/36/EC, i.e. the 'acquired rights' certificate has a validity of 3 months. Your application must be submitted within 3 months of the date of issue of this certificate. You are strongly advised not to delay sending your application once you have requested this certificate.

You may be required by the GPhC to provide additional documentation to demonstrate your compliance with the Directives. For example, in order to comply with the requirements introduced by Directive 2001/19/EC pharmacists who started their qualification in Italy before 1 November 1993 and completed this before 1 November 2003 are required to provide evidence that their qualification does indeed comply with the Minimum Training Requirements of Article 44 of Directive 2005/36/EC.

Your route to registration will depend on how the Competent Authority describes your qualifications and/or experience in relation to the Directive. There are 2 possible routes:

#### **The Automatic recognition route (standard route)**

You would be eligible to apply for registration via this route if you either

- Hold a qualification in pharmacy from a Member State of the EEA or Switzerland which is listed in Annex V, section 5.6.2 of Directive 2005/36/EC (or if not listed is regarded as comparable to the qualification listed in the Annex) and which complies with all the Minimum Training Requirements described in Article 44 of Directive 2005/36/EC

Or

- have a qualification in pharmacy from a Member State of the EEA or Switzerland which was started before the reference date specified in the Annex for that Member State and have worked in a Member State in an activity referred to in Article 45 of Directive 2005/36/EC (which is also an activity regulated by that Member State) for at least 3 consecutive years during the five years preceding the award of the certificate. These are the 'acquired rights' provisions of Article 23 of Directive 2005/36/EC.

### **The General Systems & EU Treaty route (the comparative assessment route)**

You would be required to apply through this route if:

- your pharmacy qualification from a Member State was started before the reference date in the Directive for that Member State and you have not worked for 3 consecutive years in the last 5 years as a pharmacist
- your pharmacy qualification from a Member State was started after the reference date but the Competent Authority has confirmed that your qualification does not comply with the minimum training requirements of Article 44 of Directive 2005/36/EC
- Your pharmacy qualification was obtained outside the EEA or Switzerland but it has been recognised by a Member State and you have been permitted to practise as a pharmacist in that State.

Once you have supplied all the required evidence and £109 scrutiny fee we will determine your route to the register.

### **Evidence of your English language skills**

You are not required to provide evidence to show your knowledge of English when you make your application for recognition but you can do so if you wish. For example if you already have the evidence as set out in our [Guidance on evidence of English language skills](#) you may wish to send this to us along with your application for recognition to speed up the process.

There are different ways in which you may be able to demonstrate that you have the necessary knowledge of English to practise in Great Britain and this is reflected in the types of evidence we will accept. You are required to provide one of these three types of evidence:

1. A recent<sup>1</sup> pass of the academic version of International English Language testing System (IELTS)<sup>2</sup> 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.
2. A recent<sup>3</sup> pharmacy qualification<sup>4</sup> that has been taught and examined in English in a majority English speaking country<sup>4</sup> (other than the UK) (e.g. Ireland, United States of America, Australia, New Zealand). A pharmacy qualification refers to a qualification that would have enabled you to practice as a pharmacist in such countries.
3. Recent<sup>5</sup> practice for at least two years as a pharmacy professional (pharmacy technician or pharmacist) in a majority English speaking country. (Option 3)

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<sup>1</sup> When we refer to 'recent' we mean evidence relating to the IELTS test that is less than 2 years old at the point of making an application to the GPhC.

<sup>2</sup> <http://www.ielts.org/>

<sup>3</sup> When we refer to 'recent pharmacy qualification' we mean a pharmacy qualification that was awarded less than 2 years ago at the point of making an application to the GPhC.

<sup>4</sup> The list of countries we accept is modelled on the UK Border Agency's list of 'majority English speaking countries' plus Ireland ([https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/340583/English\\_language\\_v11.0\\_EXT.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/340583/English_language_v11.0_EXT.pdf)).

<sup>5</sup> When we refer to 'recent practice' we mean practice that was completed less than 2 years ago at the point of making an application to the GPhC.

If you choose option 3 you will be required to provide a detailed written reference from your pharmacy employer(s) as to your knowledge of English. As part of this reference your employer will be required to provide evidence of how you have demonstrated your ability in the four areas of reading, writing, listening and speaking in English while working as a pharmacy professional. A copy of the structured pharmacy employer reference to assess your knowledge of English is provided in the application (Section 4).

If you were required to pass an English language test before being permitted to register and practise as a pharmacy professional in another majority English speaking country then you can provide evidence of having passed such an English language assessment together with the structured employer reference.

The evidence you provide must demonstrate your competence in the four areas of:

- Reading
- Writing
- Listening and
- Speaking in English

and must:

- be recent – less than two years old at the point of your application, objective, independent and robust;
- clearly shows you can, read, write and communicate with patients, pharmacy service users, relatives and healthcare professionals in English; and
- be readily verifiable by us through contact with recognised higher education institutions, regulators or other official bodies.

**The easiest way to provide evidence of your English language skills is to take the academic version of the IELTS test and meet our minimum score requirements.**

The IELTS result is valid for 2 years from the date of the test. Your IELTS result must be valid until your application is complete and considered for eligibility.

**Please ensure that you request the IELTS test centre to send a result form to International applications General Pharmaceutical Council, 25 Canada Square, London E14 5LQ by using the appropriate section on the IELTS application form.**

You may need an original test result form when you apply to other organisations and the GPhC will not give you the original IELTS result form provided by the test centre or return your own result form if we do not have a second original from the test centre. If you have used a document other than your current passport as identification for the IELTS test you must include a certified copy of that document in your application.

To obtain further information about the IELTS see [www.ielts.org](http://www.ielts.org) . Detailed candidate information can be found here <https://www.ielts.org/~media/publications/information-for-candidates/ielts-information-for-candidates-2015-english-uk.ashx>

### Result of your application for recognition

Where we determine that your qualification and work experience complies with the Directive requirements for automatic recognition we will inform you that we have 'recognised' your qualification for

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registration purposes and request that you provide evidence of your English language skills that meets the requirements set out in our **Guidance on Evidence of English language skills**, together with your application for registration, if you have not provided this already. The guidance on English language skills can be found at:

[https://www.pharmacyregulation.org/sites/default/files/guidance\\_on\\_evidence\\_of\\_english\\_language\\_skills.pdf](https://www.pharmacyregulation.org/sites/default/files/guidance_on_evidence_of_english_language_skills.pdf)

Once the application form, registration application fee and the evidence of your English language skills, in line with our guidance, are received, and providing everything remains in order, your file will be passed to Registration and your name will be put on the Register. You will then receive confirmation of your registration by letter. This may take some time although your name will appear on the GPhC live Register on the website ([www.pharmacyregulation.org](http://www.pharmacyregulation.org)) as soon as you are registered.

**Please note that you are not eligible to register and practise as a pharmacist in Great Britain unless you have provided evidence of your English language skills that complies with our guidance.**

Where we determine that your qualification and work experience does not meet the requirements for automatic recognition we will let you know and provide you with the application form to register under the comparative assessment route.

You will need to complete this form and return it to the GPhC together with the additional documents specified in the guidance notes that accompany it including evidence of your knowledge of English. In addition to the £109 scrutiny fee paid with your initial application for recognition you will also be required to pay:

- £106 application fee for registration
- £391 evaluation fee

The additional documents you provide enables the GPhC to make a comparative assessment of your pharmacy qualifications and work experience as a pharmacist against the national requirements for registration, i.e. the UK MPharm degree, 12 months preregistration training and the GPhC registration assessment. Each application is assessed on a case-by-case basis.

At this stage we will also review the evidence you have provided of your English language skills and you will be informed whether or not it complies with our requirements. If the evidence you provide does not meet our requirements you will be informed that you will need to pass the academic version of the 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.

Should any substantial gaps between your qualifications and experience and the national requirements for registration be identified, you may be required to complete a period of adaptation training with assessments and provide evidence of having successfully completed this before you will be able to register.

Once you have provided evidence of having satisfactorily completed any required adaptation training you will be required to

- update your fitness to practise and good standing elements of your application for registration,
- provide evidence of your English language skills that meets the requirements set out in our **Guidance on Evidence of English language skills**, ( if you have not provided this already); and
- pay the £250 first entry fee. This is the fee for your name to be entered on the register for 12 months from the date you first join the register

End of guidance notes, the application form begins on the following page

# Application form

## Recognition as an EEA qualified pharmacist

March 2017

Version 2.2

Send your completed application to:

EEA Applications  
Customer Services Team  
General Pharmaceutical Council  
25 Canada Square  
London  
E14 5LQ

Notes to Applicants:

- Please complete in conjunction with guidance notes
- Please separate this application form from the attached guidance notes before sending
- Please do not put your application into individual plastic sleeves
- Please keep a copy of your application and supporting documents
- Please send by traceable mail

## 1. Questionnaire for recognition as an EEA qualified pharmacist

<b>First names:</b>		<b>Middle names:</b>		
<b>Family names:</b> (please indicate Mr/Mrs/Miss/Ms)				
<b>Address:</b>				
<b>Telephone Number:</b>		<b>Date of Birth: dd/mm/yyyy</b>		
<b>Mobile Number:</b>				
<b>Email address:</b>				
<b>Nationality:</b>				
<b>University from which degree was obtained:</b>				
<b>Title of degree:</b>				
<b>Date degree started:</b>		<b>Date finished:</b>		
<b>Have you registered with a Professional Authority:</b> <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>				
Please arrange for the Professional Authority to provide you with a certificate confirming your registration, if relevant, and good standing and current professional status with that authority. (This includes any other health profession authority that you may be registered with either in the UK or elsewhere)				
<b>Details of any experience since you first acquired the right to practise as a pharmacist in your member state. <u>DO NOT enter training carried out as part of your qualification.</u> Please cross through if you have not worked since qualifying.</b>				
Date started	Date finished	Name & Address of premises	Community / hospital / industry (please state)	No. of hours per week worked
<b>Have you previously applied for registration with the RPSGB / GPhC? (Tick appropriate box)</b> Yes <input type="checkbox"/> No <input type="checkbox"/>				
If YES, State date of application: ____ / ____ / ____ <div style="text-align: center;"> <span>Day</span>      <span>Month</span>      <span>Year</span> </div>				

**Signature:**

**Date:**

## 2. Photograph certification

This section must be completed by the person who signs the back of the photograph.

Staple your Certified Photograph Here

Example of photograph certification:

I certify this is a true likeness of

Give applicant's full name and title

Signature of certifying person and

Date (same as that on the form)

Name of counter signatory

Address

Occupation

Phone

Email address

By countersigning this application, you agree that the GPhC may contact you to verify the information that you have provided.

I declare that I have signed the photograph attached and that I have known (enter full name of applicant):

For

Years and the information I have provided is correct.

Signature of counter signatory

Date

The date should be the same date as written on the back of the photograph.

## Statutory declaration

You must complete whichever declaration(s) on the form is/are applicable for your situation.  
You must complete the BOX on the other side of this form.

### **DECLARATION A - Inability to provide a birth certificate**

I *(Insert full name - this name must be identical to that on your Application for Recognition)*

First name:

Family name:

Address:  
(insert home address)

Do solemnly and sincerely declare to the best of my knowledge and belief that I was given the name:

At my birth on  at   
(Insert date of birth) (Insert name of town)

in   
(Insert name of country)

### **DECLARATION B - Using a name other than that on birth certificate**

I *(Insert full name - identical to that given to you at birth)*

First name:

Family name:

Address:  
(insert home address)

Do solemnly and sincerely declare that since (insert date):

Do solemnly and sincerely declare to the best of my knowledge and belief that I was given the Name:

I have used and in the future will be known by the name of

*(Insert full name you are now using - this name must be identical to that on your Application for Recognition)*

**DECLARATION C - If name on any document differs from name on Application for Registration**

I (Insert full name - this name must be identical to that on your Application for Recognition)

First name:

Family name:

Address:

(insert home  
address)

Declare that all documents submitted with my Application for Recognition relate to me and that all versions of my name relate to one and the same person.

**THIS BOX TO BE COMPLETED BY THE APPLICANT**

I (Insert full name - this name must be identical to that on your Application for Recognition)

First name:

Family name:

Make the declaration(s) overleaf conscientiously believing the same to be true and by virtue of the provisions of the Statutory Declaration Act, 1835.

Signature

Date

**DECLARATION BY SOLICITOR** (to be completed by the solicitor)

Declared at:

(address of solicitor's premises)

On this date:

Before me (insert name of solicitor):

I confirm that I am authorised to administer this oath

Signature:

**Insert solicitor's stamp here**

### 3. Equality monitoring

What is your ethnic group? (Please tick one)

**White**

British  Irish  Other

**Black or Black British**

Caribbean  African  Other

**Mixed**

White and Black Caribbean  White and Black African

White and Asian  Other Mixed (please specify)

**Asian or Asian British**

Indian  Pakistani

Bangladeshi  Chinese

**Other ethnic group**  Other Asian (please specify)

If other please specify

What is your gender?

Male  Female  Other

What is your religion?

None  Christian  Buddhist  Hindu

Jewish  Muslim  Sikh  Other

If other please specify

Do you consider that you have a disability?

Yes  No

**NOTE: YOU ARE NOT REGISTERED UNTIL YOU APPEAR ON THE REGISTER. IF YOU DO NOT APPEAR ON THE REGISTER YOU CANNOT WORK AS A PHARMACIST OR CALL YOURSELF A PHARMACIST IN THE UK**

#### 4. Structured pharmacy employer/tutor reference to assess knowledge of English (only to be completed if [option 3](#) has been chosen to demonstrate your English language proficiency)

It is a requirement that applicants provide evidence to demonstrate their knowledge of English as part of their application. To enable us to effectively assess this applicant's English language skills, please fill out this form in as much detail as possible. By completing this form you are confirming that at least 75% of the applicant's day to day interaction with patients, carers, their families and other healthcare professionals in your employment or under your supervision has been in English.

You must provide examples to illustrate how each of the four skills of speaking, listening, writing and reading has been demonstrated by the applicant, or the form will not be accepted.

<b>Applicant's full name</b>		
<b>About the employer referee</b>		
Name		
Occupation		
Place of employment		
Are you registered with the GPhC	Yes/No – If 'yes' provide your GPhC registration no.	
Are you registered with another UK or an overseas healthcare regulator	Yes / No – If 'yes' Name of regulator: Registration number:	
Relationship to applicant (e.g. employer, tutor)		
Dates of employment/supervision	From (dd/mm/yy)	To (dd/mm/yy)
Type of employment/work under supervision	Full time	Part time
Telephone number		
Email address - this should be an official work email address not a webmail address such as Gmail		
<b><u>About the applicant's English language skills</u></b>		
Does the applicant have the knowledge of English necessary for safe and effective pharmacy practise in Great Britain?	Yes	No
If you have answered no, please provide reasons		

**Speaking skills**

Please tick which evidence you have witnessed and explain how the applicant has demonstrated their knowledge of English in this area. You may be asked to provide evidence of this. If only the boxes are ticked the form will not be accepted.

<b>Case presentation</b>	
<b>Speaking with patients and carers</b>	
<b>Speaking with pharmacy colleagues and other healthcare professionals</b>	
<b>Other</b>	

**Listening skills**

Please tick which evidence you have witnessed and explain how the applicant has demonstrated their knowledge of English in this area. You may be asked to provide evidence of this. If only the boxes are ticked the form will not be accepted.

<b>Attendance at lectures/presentations</b>	
<b>Discussions with patients and carers</b>	
<b>Discussions with pharmacy colleagues and other healthcare professionals</b>	
<b>Effective taking of patient histories</b>	
<b>Other</b>	

**Writing skills**

Please tick which evidence you have witnessed and explain how the applicant has demonstrated their knowledge of English in this area. You may be asked to provide evidence of this. If only the boxes are ticked the form will not be accepted.

<b>Written advice to patients and carers</b>	
<b>Written advice/information for pharmacy colleagues or other healthcare professionals</b>	
<b>Journal articles/reviews</b>	
<b>Critical incident reports, audits</b>	
<b>Standard operating procedures</b>	
<b>Other</b>	

**Reading skills**

Please tick which evidence you have witnessed and explain how the applicant has demonstrated their knowledge of English in this area. You may be asked to provide evidence of this. If only the boxes are ticked the form will not be accepted.

<b>Summary of Product Characteristics</b>	
<b>Standard Operating Procedures</b>	
<b>Patient medical records</b>	
<b>Other</b>	

### **Declaration**

The information I have provided in this reference is correct and true.

I agree to the GPhC to carry out checks, including checks to verify the information I have given and to the recipient of these enquiries to provide the information requested.

<b>Signature:</b>	<b>Date:</b>
<b>Name:</b>	<b>Official stamp:</b>
<b>Name and address of organisation:</b>	

### **Return the form to:**

EEA Applications

General Pharmaceutical Council

25 Canada Square

London

E14 5LQ

Tel: Customer Contact Centre: 0203 713 8000

Email: [international@pharmacyregulation.org](mailto:international@pharmacyregulation.org)

## 5. Payment form

**Name of applicant:**

**Please charge this card with the sum of:                      £109**  
(£109.00 Scrutiny fee)

**Please indicate whether you are paying by:**

Debit card

Credit card

*(Payment by credit card will incur  
a surcharge of 2%)*

**Type of card** *(Please tick one)*

MasterCard

Visa

Visa Purchasing

Visa Delta

**Card Number** *(insert exact amount of digits in your card number only):*

**CSC  
number:**

*(The last 3 digits on the back of your card)*

**Valid From  
Date:**

**Expiry Date:**

*Issue number for Maestro or Solo cards only. If your card does not have an issue number please enter 'NA' in the boxes*

**Name of Cardholder**  
*(as it appears on card):*

**Address of account  
holder**

**Signature:**

**Date:**