Gibraltar Medical Registration Board

5th Floor, St. Bernard's Hospital, Europort, Gibraltar. GX11 1AA Tel: +(350) 2007 2266 ext. 2313 e-mail: mrb@gha.gi

PhaN

THE MEDICAL AND HEALTH ACT 1997

APPLICATION FORM for REGISTRATION (PART III - PHARMACISTS)

(to be completed in block capitals using black ink or typewritten)

Personal details

Surname ..... First Name(s) .....

Date of Birth : dd☐☐ - mm☐☐ - yyyy☐☐☐☐ Nationality .....

Address for correspondence .....

.....

Phone (1) ..... (2) .....

Registration

Complete only ONE of the following three boxes

R1 FOR PHARMACISTS QUALIFIED IN THE UK

	Yes	*No*
My pharmaceutical qualification was obtained in the United Kingdom	☐	☐

If Yes, Enter GPC Registration Number ☐ and Date of Expiry ☐

R2 FOR PHARMACISTS QUALIFIED IN AN EEA STATE

My pharmaceutical qualification was obtained in the following EEA State ☐

Date of qualification ☐ Date of Professional Registration ☐

Registration Number ☐ Date of Expiry ☐

Name of Registering Body ☐

R3 FOR PHARMACISTS QUALIFIED FROM ELSEWHERE

Name of Pharmacy school ☐

Name of Registering body ☐

Registration Number ☐

	Yes	*No*
I possess a certificate from the GPC (UK) stating that I am registrable	☐	☐

If Yes, Enter date of certificate ☐ Certificate enclosed ☐ ☐

Proposed address of practice in Gibraltar

☐

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Qualifications (Please include all professional qualifications and state the year obtained)
List in date order, appending an extra sheet if necessary

Qualification	Pharmacy School/Institution	University/ Awarding body	Year

Post-Qualification experience (including Pre-Registration posts)
List in date order, appending an extra sheet if necessary

Title of Post	Specialty/Discipline	Hospital/Pharmacy School	From	To

List of Enclosures

I have enclosed the following documents (Please tick all the boxes that apply. Add any others.)

Evidence of qualification recognition by the UK regulator; General Pharmaceutical Council-	☐
Registration Fee of £50 ----------	☐
Certificate of Registration in the Register of Pharmaceutical Chemists of the UK ----------	☐
Certificate of Registration as a Pharmaceutical Chemist in an EEA country ----------	☐
Certificate of Registration as a Pharmaceutical Chemist in a non-EEA country ----------	☐
Notary attested copy of Passport or Identity document ----------	☐
Original Diploma of primary Pharmaceutical qualification ----------	☐
Original certificate of entitlement to practice as a Pharmaceutical Chemist ----------	☐
	☐

Declarations

I declare ... Please tick one appropriate box on each line	**Yes**	**No**
... that I am aware of and will comply with the provisions of the Medical & Health Act 1997.	☐	☐
... that I have not been convicted of a criminal offence and there are no criminal charges outstanding against me nor do I know of any circumstances which may give rise to my being charged with a criminal offence	☐	☐
... that I have not been found guilty of professional misconduct and there are no allegations outstanding against me, nor am I aware of any circumstances which may give rise to any such allegations	☐	☐
... that I have not been prohibited from practising my profession by any responsible authority	☐	☐
... that as far as I am aware, I am not suffering from any illness or incapacity which could impact on my ability to undertake my duties	☐	☐
... that all the information supplied in this form is correct	☐	☐

Note : (1) If any answer is NO, provide full details including the name of Court (or Tribunal), dates and findings.

(2) to procure registration by making false representation is classified as an offence under Section 75 of the Medical and Health Act 1997

Signed _____ **Date** _____