# Council member application form

Please read the application pack to make sure that you meet all the eligibility criteria before completing and submitting this form.

If you need any adjustments so that you can to complete this form, please contact AAEEF@saxbam.com.

We must receive your application by **noon on Monday 16 September 2019**. We will not consider any applications received after this time will not be considered.

## Section 1: personal details

I am applying for the post of: registrant council member [ ]  lay council member [ ]

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Title: Mr [ ]  Mrs [ ]  Ms [ ]  Miss [ ]  Other

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| --- | --- |
| Surname(s)  |       |

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| First name (s)  |       |

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| Correspondence address  |       |

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| Contact phone number(s) |       |

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| Email address  |       |

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| Home address (if different from above) |       |

I would prefer to be contacted by: email [ ]  phone [ ]

## Section 2: availability

Please tell us your availability to participate in the application process and confirm that you understand the time commitment needed to carry out the role.

### Interview dates

* 1. **Preliminary interview**
	Please give details of any dates or times during the period **14 October to 6 November 2019** which you know you would be unavailable for a preliminary interview of approximately one hour in London. Please note if you are unable to travel to London, the preliminary interview can be by Skype and this will not disadvantage you in any way.

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* 1. **Final interview**
	The final interview dates are 2, 3 and 6 December 2019 in London. Please confirm the dates you will be available to attend, if necessary.

2 December Yes [ ]  No [ ]

3 December Yes [ ]  No [ ]

6 December Yes [ ]  No [ ]

### Attendance at GPhC meetings

Please note the time commitment required for this role and the location of the meetings you would be required to attend, as set out in the application pack.

If there is anything we could do to enable you to attend these meetings which you would not otherwise be able to attend, please contact Belinda.Beck@saxbam.com (whose details are included in the application pack) who can discuss this with you.

Please confirm:

1. I am able to give the time commitment and travel to meetings as required.

Yes [ ]  No [ ]

## Section 3: essential and desirable criteria

Please provide evidence and examples of how you meet each of the essential criteria, which are set out in the application pack. If you are a lay applicant, please complete part a). If you are a registrant applicant, please complete part b).

Write a maximum of 200 words for each of the numbered criteria.

### Part a): lay applicants

### Essential criteria

E1: Working within a framework

Please describe examples where you worked within, either professionally or in other ways, a set of rules, guidance, policies or other boundaries. This could include, for example, how you have managed confidential or sensitive information.

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E2: Analytical and decision-making skills

Please describe examples where you have analysed or considered different types of information and situations, to make sure that decisions were evaluated in a fair and balanced way. This includes how you have identified problems, options and solutions, or situations where you have changed your thinking in light of new information.

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**E3: Collaborative and professional communication skills**

Please describe examples where you developed trust, confidence and effective team working with colleagues or others. This includes situations when you have put your views across clearly, persuasively and sensitively, and influenced and persuaded others using well-reasoned arguments. Describe examples of how you have been open to different points of views.

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**E4: Integrity and respect**

Please describe examples where you behaved in a manner that reflects your positive approach to valuing others and an understanding of diversity and opportunity for all. Give examples of how you have taken an ethical approach to your work, being open and honest, including when things go wrong.

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### Desirable criteria

On this occasion, we are seeking candidates with **one or more** of the following:

(Please note that you do not have to complete each box below, but please do so if you have relevant evidence or examples)

**D1: knowledge and/or experience of patient advocacy or the patient voice**

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**D3: experience of technology developments in healthcare**

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**D4: an understanding of academic and vocational education and training**

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### Part b): registrant applicants

E1: Working within a framework

Please describe examples where you worked within, either professionally or in other ways, a set of rules, guidance, policies or other boundaries. This could include, for example, how you have managed confidential or sensitive information.

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E2: Analytical and decision-making skills

Please describe examples where you have analysed or considered different types of information and situations, to make sure that decisions were evaluated in a fair and balanced way. This includes how you have identified problems, options and solutions, or situations where you have changed your thinking in light of new information.

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**E3: Collaborative and professional communication skills**

Please describe examples where you developed trust, confidence and effective team working with colleagues or others. This includes situations when you have put your views across clearly, persuasively and sensitively, and influenced and persuaded others using well-reasoned arguments. Describe examples of how you have been open to different points of views.

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**E4: Integrity and respect**

Please describe examples where you behaved in a manner that reflects your positive approach to valuing others and an understanding of diversity and opportunity for all. Give examples of how you have taken an ethical approach to your work, being open and honest, including when things go wrong.

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**E5: Professional pharmacy practice**

Please answer each aspect in a total of no more than 150 words.

Describe how you effectively maintain your knowledge and understanding of current pharmacy practice, and the factors and issues that influence it.

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Describe an example where you have shared ideas with colleagues and peers.

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Describe your views as to how the profession is changing and how will this impact on your work.

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### Desirable criteria

On this occasion, we are seeking candidates with **one or more** of the following attributes. Please note that you **do not** have to complete each box below, but please do so if you have relevant evidence or examples.

**D2: clinical and/or prescribing skills in one or a range of settings**

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**D3:** **experience of technology developments in healthcare**

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**D4: an understanding of academic and vocational education and training**

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## Section 4: curriculum vitae

If you have a curriculum vitae (CV), you should submit this in addition to this application form. **If you do not have a CV,** please complete the following section with the details of your academic and professional qualifications, and the last ten years of your career history.

The selection panel will use the information you provide in this section or in your CV to assess your skills, background and experience.

**Submitting your CV**

Your CV should be no longer than two pages, using a minimum font size of 11pt, and clearly state your name.

It should:

* set out the last ten years of your career history, including details of both executive and non-executive positions
* highlight specific areas of achievement and the outcomes of these
* set out your academic history, including details of each qualification and the educational organisation
* include any professional qualifications, such those awarded by CIPD or ACCA

### Education and qualifications

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title or subject** | **Type (e.g. GCSE, A Level )** | **Institution or awarding body**  | **Grade** | **Year awarded** |
|       |       |       |       |       |

### Career history covering the previous ten years

|  |  |  |  |
| --- | --- | --- | --- |
| **Position** | **Organisation** | **Dates of employment** | **Key outcomes and acievements** |
|       |       |       |       |

## Section 5: eligibility

Please confirm that you are eligible to carry out the role of Council member. If you are a lay applicant, please complete part a). If you are a registrant applicant, please complete part b).

### Part a): lay applicants

1. Are you eligible to work in the UK?

Yes [ ]  No [ ]

1. Do you require a work permit?

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Yes [ ]  No [ ]

**If yes**, when does your permit expire? (DD MM YY)

1. Do you hold qualifications which would allow you to apply for registration by the GPhC as a pharmacist or pharmacy technician?

Yes [ ]  No [ ]

1. Are you registered or have you ever been registered as a health or social care professional (including overseas)?

Yes [ ]  No [ ]

1. Have you ever been convicted of an offence (excluding speeding, parking or minor driving offences) in the United Kingdom?

Yes [ ]  No [ ]

**If yes:**

1. Is this conviction unspent?

Yes [ ]  No [ ]

1. Was the final outcome a sentence of imprisonment or detention?

Yes [ ]  No [ ]

1. Did the conviction relate to dishonesty or deception?

Yes [ ]  No [ ]

1. Have you ever been removed from the office of charity trustee or chair, member, convenor or director of any public body?

Yes [ ]  No [ ]

1. Have you at any time been adjudged bankrupt or subject to a bankruptcy restrictions order?

Yes [ ]  No [ ]

1. Have you at any time made a composition or arrangement with, or granted a trust deed for, creditors that has not been discharged?

Yes [ ]  No [ ]

1. Are you subject to any disqualification from being a company director?

Yes [ ]  No [ ]

1. Have you at any time being convicted of an offence outside of the UK that is likely to undermine public confidence in the regulation of registrants of the GPhC?

Yes [ ]  No [ ]

### Part b): registrant applicants

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Please give your GPhC registration number:

1. Are you eligible to work in the UK?

Yes [ ]  No [ ]

1. Do you require a work permit?

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| --- | --- | --- | --- | --- | --- |
|    |    |    |    |    |    |

Yes [ ]  No [ ]

**If yes**, when does your permit expire? (DD MM YY)

1. Do you hold qualifications which would allow you to apply for registration by the GPhC as a pharmacist or pharmacy technician?

Yes [ ]  No [ ]

1. Are you registered or have you ever been registered as a health or social care professional (including overseas)?

Yes [ ]  No [ ]

1. Have you ever been convicted of an offence (excluding speeding, parking or minor driving offences) in the United Kingdom?

Yes [ ]  No [ ]

**If yes:**

1. Is this conviction unspent?

Yes [ ]  No [ ]

1. Was the final outcome a sentence of imprisonment or detention?

Yes [ ]  No [ ]

1. Did the conviction relate to dishonesty or deception?

Yes [ ]  No [ ]

1. Have you ever been removed from the office of charity trustee or chair, member, convenor or director of any public body?

Yes [ ]  No [ ]

1. Have you at any time been adjudged bankrupt or subject to a bankruptcy restrictions order?

Yes [ ]  No [ ]

1. Have you at any time made a composition or arrangement with, or granted a trust deed for, creditors that has not been discharged?

Yes [ ]  No [ ]

1. Are you subject to any disqualification from being a company director?

Yes [ ]  No [ ]

1. Have you at any time being convicted of an offence outside of the UK that is likely to undermine public confidence in the regulation of registrants of the GPhC?

Yes [ ]  No [ ]

1. Do you currently practise as a pharmacy professional?

Yes [ ]  No [ ]

1. Have you ever been the subject of a GPhC (or RPSGB) Fitness to Practise Committee hearing or investigation?

**If yes:**

* 1. Did this result in your suspension from a register, which is still in force?

Yes [ ]  No [ ]

1. Have you been removed from a register or been subject to another decision which has prevented you from practising?

Yes [ ]  No [ ]

1. Has there been a condition attached to your registration?

**If yes:**

* 1. Is it still in force?

Yes [ ]  No [ ]

1. Have you ever been subject to any investigation or proceedings concerning your fitness to practise or your entry into the registry by any other licensing body?

Yes [ ]  No [ ]

**If yes:**

* 1. Did the investigation lead to your current suspension, erasure from the register or place any conditions or restriction which have not yet been met or lifted?

Yes [ ]  No [ ]

## Section 6: disclosures

### Part a): conflicts of interest

As an appointee to a public body you may find that your, or your close family’s, business, personal, or personal financial interests could become matters of public interest. It is in the interests of both you and the GPhC to declare any business or personal interests that may be perceived to be a potential conflict of interest in relation to this appointment.

1. Are you aware of any business, personal, or personal financial interests relating to you or your close family which could become matters of public interest?

Yes [ ]  No [ ]

**If yes,** please give details in the box below

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### Part b): ensuring public confidence

As an appointee to a public body, you may find that there are aspects of your professional or personal history which, if brought into the public domain, may cause embarrassment or disrepute to the GPhC. Your appointment may be terminated if you do not disclose as part of this application information about these which is known to you.

1. Are there any about your professional or personal history which, if brought into the public domain, may cause embarrassment or disrepute to the GPhC?

Yes [ ]  No [ ]

**If yes,** please give details in the box below

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### Part c): convictions

Please tell us about any unspent convictions you have received. We will use this information to assess any effect on your ability to carry out the role of a Council member.

1. Have you received a prison sentence or suspended sentence that has not become spent?

Yes [ ]  No [ ]

**If yes,** please give details in the box below

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### Part d): disqualification under legislation

Under the law, you must fulfil certain criteria to be eligible to become a GPhC Council member. Please read the disqualification criteria in appendix 3 of the applicant pack and confirm below that you are eligible to apply for the role.

1. Do you know of any reason why you would not be eligible to take up a post of GPhC Council member, based on the disqualification criteria set out in appendix 3 of the application pack?

Yes [ ]  No [ ]

**If yes,** please give details in the box below

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## Section 7: referees

Please give the names and addresses of two people who will be asked to act as referees for you if you are invited to interview. These should be people who could reasonably be expected to answer questions about your suitability for the role of Council member.

### Referee 1

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| --- | --- |
| Name  |       |

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| --- | --- |
| Address  |       |

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| --- | --- |
| Contact phone number(s) |       |

|  |  |
| --- | --- |
| Email address  |       |

|  |  |
| --- | --- |
| How do you know this person? (personally or professionally, for example) |       |

### Referee 2

|  |  |
| --- | --- |
| Name  |       |

|  |  |
| --- | --- |
| Address  |       |

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| Contact phone number(s) |       |

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| Email address  |       |

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| How do you know this person? (personally or professionally, for example) |       |

## Section 8: other information

To help us to target our recruitment activity more effectively and publicise posts in the future, it would be helpful if you could let us know how you found out about the vacancy, and whether you would be interested in being considered for other opportunities at the GPhC.

1. How did you find out about this post?

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1. If your application is not successful this time, would you like us to keep your details on file and contact you about other opportunities in the next 12 months?

Yes [ ]  No [ ]

## Section 9: adjustments

The GPhC has a duty to promote equality of opportunity for people with a disability. One of the ways we do this is by identifying barriers in our processes and making adjustments to remove them.

1. Do you require any adjustments as part of the recruitment process?

Yes [ ]  No [ ]

**If yes,** please give details in the box below

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If you would like to discuss your requirement for adjustment in more detail, please contact belinda.beck@saxbam.com.

## Section 10: application declaration

Complete the declarations below once you have completed the application form, prepared any additional documents, and are ready to submit your application.

1. I declare that the information I have given in my application is complete and correct to the best of my knowledge.

Yes [ ]  No [ ]

1. I agree to provide further information and documentation if required, and to allow the GPhC or designated agent of the GPhC, permission to check the accuracy of this information.

Yes [ ]  No [ ]

1. I certify that I will immediately inform the GPhC of any changes of circumstances that affect the answers I have given.

Yes [ ]  No [ ]

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Signed Date

If you submit this form electronically, please leave the signature box blank.

If you are short listed for interview, you will be asked to sign the declaration before the interview takes place.

# Equality monitoring form

At the GPhC, we are committed to promoting equality, valuing diversity and being inclusive in all our work as a health professions regulator, and to making sure we meet our equality duties.

This equality monitoring form will provide us with useful information to check that this happens.

You do not have to fill it in, and your answers here will only be used for monitoring purposes- they will not form part of your application.

### What is your sex?

Please tick one box

[ ]  Male

[ ]  Female

[ ]  Other

### What is your sexual orientation?

Please tick one box

[ ]  Heterosexual/straight

[ ]  Gay woman/lesbian

[ ]  Gay man

[ ]  Bisexual

[ ]  Other

[ ]  Prefer not to say

### Do you consider yourself disabled?

Disability is defined in the Equality Act 2010 as “physical or mental impairment, which has a substantial and long term adverse effect on a person’s ability to carry out normal day to day activities”. Please tick one box.

[ ]  Yes

[ ]  No

[ ]  Prefer not to say

### What is your age group?

Please tick one box

[ ]  16 – 24 years

[ ]  25 – 34 years

[ ]  35 – 44 years

[ ]  45 – 54 years

[ ]  55 – 64 years

[ ]  65 + years

### What is your ethnic group?

Choose the appropriate box to indicate your cultural background. Please tick one box.

**White**

[ ]  British

[ ]  Irish

[ ]  Gypsy or Irish traveller

[ ]  Other white background (please fill in the box at the end of this section)

**Black or Black British**

[ ]  Black Caribbean

[ ]  Black African

[ ]  Other black background (please fill in the box at the end of this section)

**Mixed**

[ ]  White and black Caribbean

[ ]  White and black African

[ ]  White and Asian

[ ]  other mixed background (please fill in the box at the end of this section)

**Asian or Asian British**

[ ]  Indian

[ ]  Pakistani

[ ]  Bangladeshi

[ ]  other Asian (please fill in the box at the end of this section)

**Chinese or Chinese British**

[ ]  Chinese or Chinese British

[ ]  Other ethnic group (please fill in the box at the end of this section)

**Arab**

[ ]  Arab

**Other**

[ ]  Prefer not to say

[ ]  Other ethnic group background (please give more information in the box below)

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### What is your religion?

Please tick one box

[ ]  Buddhist

[ ]  Christian

[ ]  Hindu

[ ]  Jewish

[ ]  Muslim

[ ]  Sikh

[ ]  None

[ ]  Prefer not to say

[ ]  Other (please give more information in the box below)

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