# 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 Belinda.Beck@saxbam.com.

We must receive your application by **noon on Monday 18 September 2023**. We will not consider any applications received after this time.

## Section 1: personal details (all applicants)

|  |
| --- |
|  |

Title: Mr  Mrs  Ms  Miss  Other

|  |  |
| --- | --- |
| Surname(s) |  |

|  |  |
| --- | --- |
| First name (s) |  |

|  |  |
| --- | --- |
| Correspondence address |  |

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

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

|  |  |
| --- | --- |
| 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.

### 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 criteria (all applicants)

Please provide evidence and examples of how you meet each of the essential criteria, which are set out in the application pack. Please write a maximum of 250 words for each of the numbered criteria, referring back to the pack to see the kind of abilities and behaviours we are looking for under each one.

**Please note – E6 is for registrant applicants only – lay applicants do not need to complete this box.**

### Essential criteria

E1: Working within a framework

Please describe examples below:

|  |
| --- |
|  |

E2: Good governance

Please describe examples below:

|  |
| --- |
|  |

**E3: Analytical and decision-making skills**

Please describe examples below:

|  |
| --- |
|  |

**E4: Working collaboratively and communication professionally with others**

Please describe examples below:

|  |
| --- |
|  |

E5: Integrity and respect

Please describe examples below:

|  |
| --- |
|  |

E6: Pharmacy professional practice (Registrant applicants only)

Please describe examples below:

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| --- |
|  |

Desirable criteria.

If you feel that you also meet one or more of the desirable criteria, please describe examples below:

|  |
| --- |
|  |

## Section 4: 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

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

Please give your GPhC registration number:

1. Are you eligible to work in the UK?

Yes  No

1. Do you require a work permit?

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

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 5: disclosures (all applicants)

### 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 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 the a 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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Part e): permission to carry out due diligence checks

We carry out due diligence checks on applicants who are shortlisted for final interview. We ask for your permission to do this at this stage as it saves time later in the process but **the checks will only be carried out if you are shortlisted**.

Do we have your permission to carry out due diligence checks if you are shortlisted for final interview?

Yes  No

## Section 6: referees (all applicants)

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

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

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

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

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

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

### Referee 2

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

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

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

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

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

## Section 7: other information (all applicants)

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?

|  |
| --- |
|  |

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 8: adjustments (all applicants)

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

|  |
| --- |
|  |

If you would like to discuss your requirement for adjustment in more detail, please contact [belinda.beck@saxbam.com](mailto:belinda.beck@saxbam.com).

## Section 9: application declaration (all applicants)

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

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

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.