**Chapter 41**

**Annex 2**

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

This form must accompany all routine and excepted applications for inclusion in a pharmaceutical list in accordance with paragraph 2, Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

Please complete this form as legibly as possible

* 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** |  |

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