GPhC: Statutory Committees Application Form 2025

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## Introduction

Welcome to the GPhC’s Statutory Committee Application form 2025.

If you have any questions about this application form or need any assistance with completing the application, please contact the Associates and Partners Team at A&P@Pharmacyregulation.org so we can discuss any reasonable adjustments.

Please note we are only recruiting Pharmacists and Pharmacy Technicians in this recruitment round; therefore Lay members are **not** eligible to apply.

The application is made up of the following sections:

* Your details – this section captures your personal details and contact information. Please do not include any identifiable information beyond this section.
* Skills, Knowledge and Experience – this section captures your relevant experience, skills and abilities. In this section, you should give a least one example of how you meet each of the essential and desirable criteria
* Employment history – this section captures your employment history, including any voluntary work
* Education and professional qualifications- this section captures your relevant education, training and professional qualifications. Please do not include any dates attended.
* Declaration and signature – please just type your name for your electronic signature
* Equalities monitoring form. This part of the form is optional. If you do not wish to complete it, please select “Prefer not to say” for each question. Your details are anonymous and will not be used as part of your application or decision making.
* References – please provide details of two referees – these can be professional or personal referees and they will not be contacted before making any offers of appointment.

You can use the table of contents to navigate through the application form.

Once you have completed this application. Please send it back to the Associates and Partners team via email. We ask you save it as a word document with you full name in the title. The email address is: A&P@Pharmacyregulation.org.

The deadline for returning your completed application form is **5pm** on **Friday 14th February 2025.**

You will not be able to submit your application after this time.

## Your Details

| **Q1. Your name**  |
| --- |
| **Title:** **First Name:** **Middle Name(s):** **Surname:**  |

| **Q2. Your address**  |
| --- |
|  |

| **Q3. Your contact details** |
| --- |
| **Telephone (Home/Work/Mobile):** **Email Address:**  |

| **Q4. What is your Nationality?** |
| --- |
|  |

| **Q5. Are there any restrictions on your continued residence or employment in the UK? If “yes” please specify below:**  |
| --- |
| YesNo |

| **Q6. Are you required to hold a work permit in order to work in the UK? If “yes” please specify below:**  |
| --- |
| YesNo |

| **Q7. Are you related to any member of the GPhC’s Council or to any employee of the GPhC? If “yes” please specify below:**  |
| --- |
| YesNo |

| **Q8. Are you currently employed or have been employed by the GPhC in the last 5 years? (this does not include other Associates and Partner roles)** *If you are unsure this applies to you, please contact the associates and partners team to discuss this further* |
| --- |
| YesNo |

| **Q9. Which role are you applying for?** *(Please delete as appropriate)* |
| --- |
| PharmacistPharmacy Technician |

| **Q10. Are you eligible to practise in Great Britain or Northern Ireland?** |
| --- |
| YesNo**Please enter your GPHC/PSNI registration number** *(please note this does not include Pharmacy Technicians in Northern Ireland):* |
|  |

## Skills, Knowledge and Experience

This section is to let us know about yourself, your experiences, your skills, your abilities and how you think they match the essential (and where applicable) the desirable criteria.

Please use **specific examples** to support your answers and explicitly link these back to the criteria. **Remember:** the examples you use might come from all aspects of life. For example: achievements might have resulted through things you have done in any kind of setting (paid employment pr voluntary work, at school or college or in connection with your hobbies or interests etc.)

Make sure you are referring to the criteria and not the competencies (competencies will be test by the panel at interview). The criteria can be found in the recruitment pack. If you are unable to access this, please contact the Associates and Partners team.

Please do not use more than 200 words for each of the boxes.

Please **do not use** any identifiable information (including any professional registration numbers) in this section.

If you have any questions, please contact the Associates and Partners Team.

| **Q11. A) Excellent communication and interpersonal skills, with the ability to set out views clearly and listen actively. (Up to 200 words)** |
| --- |
| *Enter text here* |

| **Q12. B) An appreciation of, and commitment to protecting, promoting and maintaining the health, safety and wellbeing of patients and the public. (Up to 200 words)** |
| --- |
| *Enter text here* |

| **Q13. C) Able to work efficiently, including when under pressure, manage time effectively and contribute to clear, reasoned decisions. (Up to 200 words)** |
| --- |
| *Enter text here* |

| **Q14. D) Able to exercise independence whilst working as part of a team. (Up to 200 words)** |
| --- |
| *Enter text here* |

| **Q15. E) Able to demonstrate your commitment to equality, diversity, and inclusion; impartiality and fair treatment. (Up to 200 words)** |
| --- |
| *Enter text here* |

| **Q16. E) Able to demonstrate your commitment to equality, diversity, and inclusion; impartiality and fair treatment. (Up to 200 words)** |
| --- |
| *Enter text here* |

| **Q17. F) Able to make objective decisions. (Up to 200 words)** |
| --- |
| *Enter text here* |

| **Q18. G) An interest in healthcare regulation. (Up to 200 words)** |
| --- |
| *Enter text here* |

| **Q19. H) Ability to evaluate and assess information. (Up to 200 words)** |
| --- |
| *Enter text here* |

| **Q19. I) An understanding and commitment to the Nolan Principles of Public Life. (Up to 200 words)** |
| --- |
| *Enter text here* |

## Current Employment and Employment History (including Voluntary work)

Please give details of all full-time work, part-time work and self-employed and volunteer roles within the last 10 years. This includes all paid and unpaid employment as well as volunteer work regardless of the sector or setting. For each item, please list the following:

* The position/role/Job title
* The organisation
* The main responsibilities

| **Q20. Employment History** |
| --- |
| * Role/Job Title
	+ Company/Organisation
	+ Main responsibilities
* Role/Job Title
	+ Company/Organisation
	+ Main responsibilities
 |

## Education and Professional Qualifications

| **Q20. Please tell us your education history (Schools / colleges / universities etc.) Please for each and details of examinations passed (including grades), qualifications obtained. *Do not include dates attended.*** |
| --- |
| *Enter text here* |

| **Q21. Please tell us any further details of education and professional qualifications (including entries onto the register of other regulatory bodies and membership of professional bodies).** |
| --- |
| *Enter text here* |

| **Q22. Training and Short CoursesPlease detail any training you have undertaken relevant to this post, in the past three years.** |
| --- |
| Enter text here |

## Declaration

| **Q23. Do you have any convictions that are unspent under the Rehabilitation of Offenders Act 1974? If “yes”, please give details / dates of the offence(s) and sentence:** |
| --- |
| YesNo |

| **Q24. Do you have any prosecutions pending? If “yes”, please give details/dates of the offence(s) and sentence:** |
| --- |
| YesNo |

| **Q25. Are you currently subject to fitness to practise, disciplinary or similar proceedings or a party in any other circumstances which could bring the GPhC into disrepute?If “yes”, please give details below** |
| --- |
| YesNo |

| **Q26. We value diversity and wish to promote it on our Council and Committees. Should you require any reasonable adjustments at any stage of the process or in post then please let us know. You can give details below if you wish or email the Associates and Partners team (A&P@Pharmacyregulation.org). Anything you disclose will not be shared with our longlisting and shortlisting panels however, please let us know if you are happy for us to share this with the interview panel.** |
| --- |
| YesNo |

| **Q27. I confirm that to the best of my knowledge and belief, the information given in this form is complete and correct. I understand that if I am appointed and the information I have provided is subsequently found to be untrue then my tenure of office may be terminated.** |
| --- |
| Electronic Signature:Name:Date: |

| **Q28. How did you FIRST find out about these vacancies?** |
| --- |
| [ ]  GPhC Website[ ]  GPhC Facebook[ ]  GPhC LinkedIn[ ]  GPhC X (previously known as Twitter)[ ]  Guardian Jobs[ ]  Friend or Colleague[ ]  [ ] [ ]  Other – Please Specify:  |

##

## References

Please give the names and addresses of your two most recent employers (if applicable) if you are unable to provide us with two recent employers, please clearly outline who your references are. Please note that references will only be taken if you are offered an appointment.

| **Q29. Reference One** |
| --- |
| Name:Their Position (job title):Work relationship:Organisation:Dates Employed:Address:Postcode:Telephone:Email Address: |

| **Q30. Reference Two** |
| --- |
| Name:Their Position (job title):Work relationship:Organisation:Dates Employed:Address:Postcode:Telephone:Email Address: |

## Equalities Monitoring Form

The GPhC values equality and diversity and is committed to making sure its processes and procedures are fair, transparent and free from unlawful discrimination and bias. To make sure we are treating candidates fairly and to improve our processes, we monitor diversity at all stages of the appointments process. You don't have to give us this information, but we would be grateful for your cooperation. Information you give on this form will be treated as strictly confidential and will only be used for monitoring. It will not be seen by anyone directly involved in the selection process and will not be treated as part of your application. No information will be published or used in any way which allows anyone to be identified.

| **Q31. Age Group** |
| --- |
| [ ]  16-24 Years[ ]  25-34 Years[ ]  35-44 Years[ ]  45-54 Years[ ]  55-64 Years[ ]  65+ Years[ ]  Prefer not to say |

| **Q32. Do you consider yourself to have a disability or health condition as defined by the Equality Act 2010?****The Equality Act 2010 defines a person with a disability as, “someone who has a physical or mental impairment that has a substantial and long-term adverse effect on a person’s ability to carry out normal day-to-day activities.” If YES, please tell us separately about any adjustments which you may require either to carry out the role or to participate in the selection process.****The information in this form is for monitoring purposes only. If you need an adjustment, then please discuss this with us. \*** |
| --- |
| [ ]  Yes[ ]  No[ ]  Prefer not to sayAny additional information you would like to share: |

| **Q33. What is your Ethnic group?****Please choose the appropriate box to indicate your cultural background** |
| --- |
| [ ]  Prefer not to say**Asian or Asian British**[ ] Indian[ ]  Pakistani[ ]  Bangladeshi[ ]  Chinese[ ]  Other Asian background**Black/African/Caribbean/Black British**[ ]  Caribbean[ ]  African[ ]  Other Black/African/Caribbean Background**Mixed/Multiple Ethnic Groups**[ ]  White and Black Caribbean[ ]  White and Black African[ ]  White and Asian[ ]  Other Mixed Background**Other Ethnic Group**[ ]  Arab[ ]  Latin American[ ]  Other Background**White**[ ]  British[ ]  Irish[ ]  Gypsy or Irish Traveller[ ]  Other White BackgroundIf you have selected "other", please describe how you self-identify: |

| **Q34. Gender** |
| --- |
| [ ]  Female[ ]  Male[ ]  Other[ ]  Prefer not to say |

| **Q35. Religion** |
| --- |
| [ ]  No religion or belief[ ]  Buddhist[ ]  Christian[ ]  Hindu[ ]  Jewish[ ]  Muslim[ ]  Sikh[ ]  Prefer not to say[ ]  Other (please specify): |

| **Q36. Sexual Oritentation** |
| --- |
| [ ]  Bisexual[ ]  Gay/ Lesbian[ ]  Heterosexual/ Straight[ ]  Prefer not to say[ ]  Other (please specify): |

## Submitting your application

If you have completed your application, please ensure you return it to the Associates and Partners team by email. You can send it to: A&P@Pharmacyregulation.org. Please return it to us as a word document only with your name in the document title. This is so we can anonymise your application prior to anyone seeing it. Applications must be sent no later than **5pm on Friday 14th February 2025**. If you need to discuss anything or have any questions, please contact the team as soon as possible.

Applicants will be emailed a confirmation of receipt of their application.

Applicants will hear the outcome of their application no later than Friday 18th April 2025.

Interviews will take place remotely between the 1st – 8th May.

Thank you for taking the time to complete this application.