Accreditation and Recognition Panel team member – Lay

## Application form

Thank you for your interest in applying for the role of the accreditation and recognition panel team member (lay). Please complete this form in its entirety and email it back to the Associates and Partners team at A&P@pharmacyregulation.orgby **3 March 2025 (midnight).** Applications received after this time **will not be accepted**.

When sending us your completed application, please save your application with your full name in the file title along with the role for which you are applying, for example: ‘First Name Last Name – Accreditation panel lay team member application’

This application forms stage 1 of the application process for this role. If you are successfully selected to proceed to stage 2 of the application process (interview), we will contact you on or before **14 March 2025.** If have not heard from us by this date, your application has not been successful.

Follow this link to [see our privacy policy](https://www.pharmacyregulation.org/privacy-policy#jobs) and understand how we collect, use and share your personal data during our recruitment processes.

## Section 1 – Your Details

The information provided in this section will not be visible to those involved in shortlisting applications.

| 1. **Your name**
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| **Title: First Name: Middle Name(s): Surname:**  |

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| 1. **Your email address**
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| 1. **Please confirm your email address again**
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| 1. **Please confirm your postal address**
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| 1. **What is your preferred contact number?**
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| 1. **Are you related to any member of the GPhC's Council or to any employee of the GPhC?**
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| 1. **Do you know of any other reason why you might be prevented from carrying out the role of Accreditation Panel Team member?**
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## Section 2 – Right to work and links to the GPhC

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| 1. **Are you, or have you ever been, registered with the GPhC as a pharmacist or pharmacy technician?**
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| [ ]  Yes - **You are not eligible to apply for this role.**[ ]  No |

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| 1. **Are you, or have you ever been, registered with any other health or social care body?**
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| [ ]  Yes - **You are not eligible to apply for this role.**[ ]  No |

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| 1. **Are you related to any member of the GPhC's Council or to any employee of the GPhC?**
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| [ ]  Yes[ ]  No**If 'Yes', please specify below:** |

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| 1. **Do you currently hold, or have you held in the past, any Associate and/or Partner role with the GPhC?**
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| [ ]  Yes[ ]  No**If 'Yes', please specify below** |

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| 1. **Are there any restrictions on your continued residence or employment in the UK?**
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| [ ]  Yes[ ]  No**If 'Yes', please specify below:** |

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| 1. **Are you required to hold a work permit in order to work in the UK?**
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| [ ]  Yes[ ]  No**If 'Yes', please specify below:** |

**Section 3 - Education, qualifications and professional memberships**

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| 1. **Please provide details of schools/colleges/universities and qualifications obtained, with associated grades/awards.**
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| 1. **Please provide any professional qualifications or memberships (including entries in the register of the GPhC or any other regulatory bodies and membership of professional bodies). Please include relevant dates.**
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## Section 4 - Current and recent Employment and other professional roles

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| 1. **Please give details of your current employment and any professional roles that you hold, include voluntary and self-employed roles that are relevant to this application. Include a brief description of your duties/responsibilities.**
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| 1. **If not covered in the previous question, please list below any additional roles that you have undertaken within the last 5 years, include both employed and other professional roles. Include voluntary and self-employed roles that are relevant to this application. Include a brief description of your main duties/responsibilities for each.**
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## Section 4 - Training and short courses

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| 1. **Please tell us about any training or short courses you have undertaken in the last five years, that are relevant to this role.**
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## Section 5 - Skills, Knowledge & Experience

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| 1. **Please tell us about your experience of committee work in a regulatory, educational, health care, or other relevant environment (maximum 250 words)**
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| 1. **Please tell us about your understanding of healthcare regulation, UK healthcare systems, and/or higher education systems (maximum 250 words)**
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| 1. **Please tell us about your experience of collaborative decision making in a regulatory, educational, health care, or other relevant environment (maximum 250 words).**
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| 1. **Please tell us about your experience of participating in evidence-based decision-making taking account of relevant policy, guidance, legislation and best practice (maximum 250 words.**
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| 1. **Please tell us about how you articulate views clearly and concisely, both orally and in writing, demonstrating attention to detail and a high level of accuracy (maximum 250 words).**
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| 1. **Please tell us about how you** **process information from a wide range of sources and communicate clearly to other team members in a clear and unbiased manner (maximum 250 words).**
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| 1. **Please tell us about how you listen and understand alternative perspectives in a high-pressure environment (maximum 250 words).**
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| 1. **Please tell us about how you apply knowledge and experience to decision making in a fair and transparent manner (maximum 250 words).**
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| 1. **Please tell us about how you maintain high standards of personal probity, integrity, tact, candour and discretion (maximum 250 words).**
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| 1. **Please tell us about how you make sure you have an unwavering commitment to equality, diversity and inclusion (maximum 250 words).**
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| 1. **Please tell us about your experience of representing the interests of patients and the public (maximum 250 words).**
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## Section 6 – Reasonable adjustments for specific needs

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| **Should you have any specific needs and require any reasonable adjustments during the application process or to undertake the role, please detail below or contact us directly if you would prefer.**  |
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## Section 7 - Declaration

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| **Do you have any convictions that are unspent under the Rehabilitation of Offenders Act 1974?**  |
| [ ]  Yes[ ]  No**If yes, please give details / dates of offence(s) and sentence:** |

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| **Have you any prosecutions pending?** |
| [ ]  Yes[ ]  No**If yes, please give details / dates of offence(s) and sentence** |

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| **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?** |
| [ ]  Yes[ ]  No**If yes, please give details below** |

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| **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, my tenure of office may be terminated.**  |
| **Electronic signature (Type Name):****Date:**Note: your name will not be made visible to those involved in shortlisting applications |

## Section 8 - References

| **Please give the names and addresses of your two most recent employers (if applicable) who will be able to provide you with a reference. If you are unable to provide us with two recent employers, please clearly outline who your referees are. (References will only be taken if you are offered and accept the role).Reference One**  |
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| **Name:****Their Position:****Work Relationship:****Organisation:****Dates Employed:****Address:****Postcode:****Telephone:****Email:** |

| **Reference Two**  |
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| **Name:****Their Position:****Work Relationship:****Organisation:****Dates Employed:****Address:****Postcode:****Telephone:****Email:** |