Applying to register or restore, and remove a temporary pharmacy premises for exhibitions or events

## Guidance on completing your application

### April 2025

Use this to register and remove, or restore and remove a temporary pharmacy premises for an exhibition or event, if you intend temporarily to carry out, any of:

* The sale of Pharmacy (P) medicines
* The supply of P medicines or Prescription Only Medicines (POMs) against prescriptions. The supply of medicines against prescriptions requires the product to be labelled for a specific patient as a dispensed medicinal product.
* The supply of P medicines or Prescription Only Medicines (POMs) against prescriptions written by veterinary practitioners for the treatment of animals under the ‘cascade’.

Please read this guidance carefully to help make sure that you provide all the information we need, in the correct format. To find out more about how we use and store the information you provide, [see our privacy policy on the main GPhC website](http://www.pharmacyregulation.org/privacy-policy).

## Submitting your application

To apply to register, remove or restore a temporary pharmacy premises, you must:

1. Identify the documents you will need to provide, including plans of your proposed pharmacy.
2. Complete this application form, either electronically using the Adobe ‘Fill & Sign’ functionality or by printing the application and completing it by hand
3. Submit your application and supporting documents either via email to [Premises@pharmacyregulation.org](mailto:Premises@pharmacyregulation.org) or by posting your application to:

**Premises team– applications to register**

**General Pharmaceutical Council**

**Level 14**

**One Cabot Square**

**London**

**E14 4QJ**  
  
Your application will be processed quicker if you email it to us, you can however post it instead if you wish.

1. Pay the **£634.00** application fee and **£392.00** first year registration fee, a total of **£1026.00**

**If you are posting your form and supporting documents to us, use a trackable service such as Royal Mail ‘Signed For’.** This method keeps your documents secure and protects your details. **Use your tracking number to find out when your application has been delivered.**

You can complete this form electronically using Word. To sign the form, save it as a PDF and use the ‘Fill & Sign’ functionality in Adobe Acrobat. Activate the functionality by clicking on the pen icon in the Adobe toolbar. You can [**find out more about using Fill & Sign on the Adobe website**](https://helpx.adobe.com/uk/acrobat/using/fill-and-sign.html).

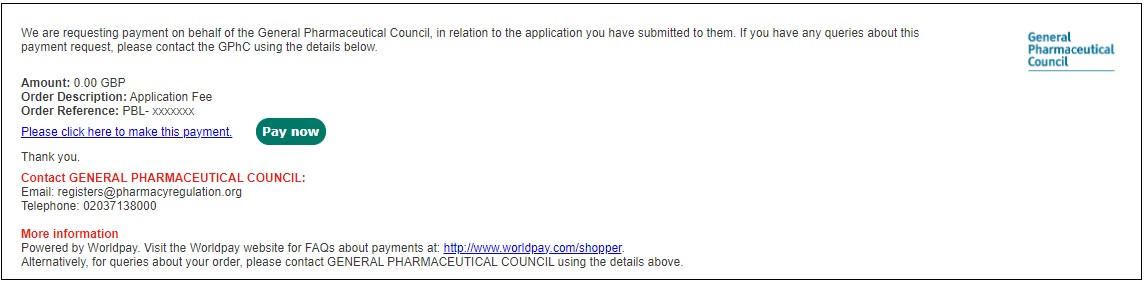
You can also print this form, fill it in by hand, and send us a PDF scanned copy.

If your application form is not complete, or there are missing supporting documents, we will return your form to you. If the application is returned to you more than once, you will need to pay a fee of **£52** to resubmit your form.

Payment

You can pay both fees either by debit/credit card or BACS. Please indicate in Section 9 which method you want to use to pay the fee.

If you chose to pay by credit or with debit card, we will check your application is complete, and then request the total payment of both fees. You will receive an email from ‘shopper@worldpay.com’ containing instructions and a link to pay online. The email you will receive will look like this:

  
The payment link in the email will be valid for 28 days. If you need any additional time to pay the fee, please email us at [registers@pharmacyregulation.org](mailto:registers@pharmacyregulation.org). Make sure you give your name, postcode of the premises you have included in your application and the type of application you have submitted so we can find and update your application promptly.

**If you chose to pay by BACS,** make the payment using the details in section 9 of the application. Enter the postcode of the pharmacy as the payment reference. If you do not, we may not be able to locate your payment promptly, which will delay the processing of your application. You should make your BACS payment once you have submitted your form.

Once we have received your payment, we will complete the processing of your application as set out below. We will send you an email confirming that your application processing has been completed.

## The registration process

When we receive your application and fee payment, we will check that the information you have provided is complete and forward your form to a GPhC inspector local to your area. Your GPhC inspector will review the application form and any supporting documents you have provided and contact you to arrange to inspect the proposed pharmacy premises. The registration or restoration of your temporary pharmacy will take us up to six weeks to process, from the date we receive correctly completed application and fee.

If you are applying to restore temporary premises at a site where your facility has previously been inspected, an inspector may decide that a re-inspection is not necessary. This may mean we are able to process your application sooner.

Once the inspector has all the information they need and are satisfied that the pharmacy will meet the standards for registered pharmacies, and any other relevant standards and guidance, they will recommend the premises for registration.

Once we receive this recommendation, we will arrange for the pharmacy to be added to the register on the next available date. This will be the first or the fifteenth of the month. The details of the pharmacy will be displayed in the online public register on the GPhC website, and you will be able to begin operating the pharmacy.

Please make sure that we receive your application in plenty of time so that an inspector can carry out an inspection of the proposed facility before the date you want to open.

**Important:** You must not open the pharmacy to sell or supply pharmacy (P) medicines or prescription only medicines (POMs) until you have been notified by the premises team that your pharmacy has been registered or you have checked yourself that your pharmacy appears on the online register.

We will keep the information you provide in your application to support our work as the regulator. You can [find out more about the information we hold in our privacy policy](https://www.pharmacyregulation.org/privacy-policy#Owners), on the GPhC website.

## Providing plans of the premises

You will need to submit plans of your proposed pharmacy with your application form. The plans you submit must be drawn to scale with the dimensions shown in m2.

The plans must show clearly:

* the dimensions of the dispensary
* the dimensions of the registered area
* the internal layout, including the areas in which medicinal products are intended to be sold, assembled, prepared, dispensed, supplied or stored

They must include:

* the postal address of the building in which the premises is situated
* any other relevant information, such as access points

If the premises do not occupy the entire building, include a separate plan of the premises, showing its location within the building.

## Meeting the standards from ‘day one’

It’s important that you have arrangements in place to make sure that you are able to run the pharmacy safely and effectively, and in a way which meets the standards for registered pharmacies from ‘day one’ – the first day you open the pharmacy to members of the public. Complete section 5 of the notification form to show how you will do this.

## The removal process

Include the date you want the premises to be removed from the register in your application. We will not register a temporary premises without this information. If you want to operate a temporary pharmacy premises at a subsequent event at the same site, you must apply to restore the premises in a separate restoration application. The same timelines for application processing will apply.

# Applying to register or restore, and remove a temporary pharmacy premises for exhibitions or events

## Application form

## Proposed temporary pharmacy details

* 1. **I am applying to:**

register a new temporary pharmacy premises at the address below

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

restore a temporary pharmacy premises which has previously registered at the address

below, with a previous registration number of:

|  |  |
| --- | --- |
| Trading name |  |

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

|  |  |
| --- | --- |
| Post code |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Ready for inspection by  (DDMMYY)\* |  |  |  |  |  |  |
|

\* This date must be at least three weeks before the proposed opening date below.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Proposed opening date\* |  |  |  |  |  |  |

\*The proposed opening date is the date the premises will begin its registerable activities.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Proposed Closing date\* |  |  |  |  |  |  |

\*please note you will still need to submit a Voluntary Removal form for the premises to be removed.

## Contact details

**Give the details of the person we should contact about this application, if we need to do so.**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title | Mr |  | Mrs |  | Ms |  | Miss |  | Other |  |

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

|  |  |
| --- | --- |
| Position |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| GPhC registration number  (if applicable) |  |  |  |  |  |  |  |
|

|  |  |
| --- | --- |
| Email |  |

|  |  |
| --- | --- |
| Phone |  |

## Pharmacy owner details

* 1. **Is the organisation submitting this application:**

**a body corporate or limited liability partnership (LLP)  Please fill in section A**

**an NHS trust  Please fill in section B**

**a sole trader or partnership  Please fill in section C**

### Section A: Body corporate or LLP

|  |  |
| --- | --- |
| Organisation name |  |

|  |  |
| --- | --- |
| Organisation address  (as registered with Companies House) |  |

|  |  |
| --- | --- |
| Post code |  |

|  |  |
| --- | --- |
| Companies House number |  |

**A1. Give details of all the current directors of the body corporate or partners of the LLP.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** | **First name(s)** | **Surname or family name** | **GPhC registration number (if applicable)** |
|  |  |  |  |

**A2. Does this organisation currently own a registered pharmacy?**

**Yes  No**

1. **If yes, please give the organisation’s GPhC owner number and the superintendent’s name and registration number**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| GPhC owner number |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| Superintendent name |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Superintendent’s GPhC registration number |  |  |  |  |  |  |  |
|

1. **If no, please submit a nomination of superintendent form as part of this application.**

### Section B: NHS trust

|  |  |
| --- | --- |
| Organisation name |  |

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

|  |  |
| --- | --- |
| Post code |  |

**B1. Does this organisation currently own a registered pharmacy?**

**Yes  No**

1. **If yes, please give the organisation’s GPhC owner number and the superintendent’s name and registration number**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| GPhC owner number |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| Superintendent name |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Superintendent’s GPhC registration number |  |  |  |  |  |  |  |
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1. **If no, please submit a nomination of superintendent form as part of this notification.**

### Section C: Sole trader or partnership

**Sole trader or first partner**

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| GPhC registration number |  |  |  |  |  |  |  |
|

|  |  |
| --- | --- |
| Sole trader’s home address  (as in the GPhC register) **or**  partnership’s principal office address |  |

**Second partner (if applicable)**

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| GPhC registration number |  |  |  |  |  |  |  |
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**C1. Does this owner currently own a registered pharmacy?**

**Yes  No**

1. **If yes, please give the owner’s GPhC owner number**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| GPhC owner number |  |  |  |  |  |  |  |  |

## Nature of the business

### Section A: overall business arrangements

* 1. **What type of pharmacy do you plan to operate? (please tick all that apply)**

1. **Indoor exhibition or event**
2. **Outdoor exhibition or event** 
   1. **Will a website be associated with this pharmacy?**

**Yes  No**

**If yes, give the web address:**

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**We are able to supply an internet pharmacy logo to authenticate your online pharmacy. If you want to make an application for this, please see the information in the *Internet pharmacy* section of the main GPhC website, and fill in the separate application form there. Before we issue you with the logo, you will be required to show us how you propose to meet our guidance for registered pharmacies providing pharmacy services at a distance including on the internet.**

**Do you intend to supply NHS prescriptions?**

**Yes  No**

**If yes, please give the name of the NHS organisation you will have a contract with:**

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#### Section B: registered pharmacy services and activities

#### Please indicate below the services you intend to provide from your premises within the first 12 months of registration.

**Do you intend to:**

* 1. **supply against NHS prescriptions?**

**Yes  No**

**If yes, please give the name of the NHS organisation you will have a contract with:**

|  |
| --- |
|  |

* 1. **sell Pharmacy (P) medicines?**

**Yes  No**

* 1. **supply P medicines or Prescription Only Medicines (POMs) against prescriptions *face to face on the registered premises*?**  
     The supply of medicines against prescriptions requires the product to be labelled for a specific patient as a dispensed medicinal product.

**Yes  No**

* 1. **supply P medicines or Prescription Only Medicines (POMs) against prescriptions *online or at a distance?***   
     The supply of medicines against prescriptions requires the product to be labelled for a specific patient as a dispensed medicinal product.

**Yes  No**

If you answered yes, make sure that you fill in section 6 later in this form.

* 1. **supply P medicines or Prescription Only Medicines (POMs) against any other valid legal authorisation (such as a Patient Group Direction [PGD] for example) online or at a distance.**

**Yes  No**

If you answered yes, make sure that you fill in section 6 later in this form.

* 1. **supply any veterinary medicines for animals?**

**Yes  No**

1. **If yes, do you plan to supply any of the following: (please tick all that apply)**

**Prescription Only Medicine-Veterinarian(POM-V)**

**Prescription Only Medicine-Veterinarian, Pharmacist, SQP** **(POM-VPS)**

**Non-Food Animal-Veterinarian, Pharmacist, SQP (NFA-VPS)**

**Authorised Veterinary Medicine–General Sales List (AVM-GSL)**

**Medicines for food-producing species**

* 1. **supply P medicines or Prescription only medicines (POMs) against prescriptions written by veterinary practitioners for the treatment of animals under the ‘cascade’?**

**Yes  No**

1. **If yes, do you plan to supply Extemporaneously prepared animal medicines**?

**Yes  No**

* 1. **provide a non-NHS (private) prescribing service, where patients receive a consultation with a prescriber face to face on the registered premises.**

**Yes  No**

* 1. **If yes,** **which professionals will be prescribing? (please tick all that apply)**

**Doctors registered with the GMC**

**Nurses registered with the NMC**

**Pharmacists registered with the GPhC**

**Allied healthcare professionals registered with the HCPC**

* 1. **provide a non-NHS (private) prescribing service, where consultations are conducted remotely or at a distance, for example over the internet.**

**Yes  No**

1. **If yes, which professionals will be prescribing? (please tick all that apply)**Please also make sure that you fill in section 6 later in this form.

**Doctors registered with the GMC**

**Nurses registered with the NMC**

**Pharmacists registered with the GPhC**

**Allied healthcare professionals registered with the HCPC**

### Section C: other pharmacy services and activities

#### Please indicate below any other activities that may be carried out at the premises.

* 1. **Pre-packing or assembly of medicines for the purpose of supply from your proposed registered pharmacy or from another registered pharmacy within the same legal entity (ownership)**

This could include, for example, breaking down bulk containers into quantities more appropriate for use against prescriptions. These pre-packs can be distributed to other registered pharmacy branches under the same ownership for their use against prescriptions.

**Yes  No**

* 1. **Assembling or preparing unlicensed medicines in accordance with the limited exemption provided by Section 10 of The Medicines Act 1968 and Regulation 4 of the Human Medicines Regulations 2012**

The exemption is to obtain, dispense and supply unlicensed medicines or extemporaneously prepare medicines in accordance with a prescription or to prepare and supply chemist’s nostrums for sale**.**

**Yes  No**

* 1. **Supply of cannabis-based products for medicinal use (CBPM)**

**Yes  No**

* 1. **Aesthetics**

This includes administration or supply of aesthetics treatments, including substances that are administered by subcutaneous injection for the purpose of enhancing a person's appearance, but it does not include sales of mainstream cosmetics.

**Yes  No**

* 1. **Homecare**

Ongoing medicine supplies and, where necessary, associated care, which is initiated by a hospital prescriber, direct to the patient’s home.

**Yes  No**

* 1. **Aseptic preparation of medicines**

The reconstitution of an injectable medicine or any other aseptic manipulation when undertaken within aseptic facilities to produce a labelled ready-to-administer presentation of a medicine.

**Yes  No**

* 1. **Facilitated self-selection of P medicines**

Where people can select P-Medicines themselves without having to ask a team member to either get it for them or open a cabinet. This does not include P-Medicines kept behind clear screens or in a cabinet designed to prevent people from helping themselves, or displays of dummy or empty boxes.

**Yes  No**

* 1. **Vaccinations**

The administration of vaccinations on the registered pharmacy premises.

**Yes  No**

* 1. **Multi-compartment compliance packs, monitored dosage systems (MDS) or blister packing**

The re-packaging of medicines into a device designed to contain individual doses of medicines in separate compartments or blisters

**Yes  No**

* 1. **The supply or administration of medicines using Patient Group Directions (PGDs)**

**Yes  No**

1. **If yes, please indicate which registered professionals will operate under a PGD (tick all that apply)**

**Pharmacists**

**Pharmacy Technicians**

**Nurses**

**Other**

* 1. **Wholesale distribution licence**

A license granted by the MHRA to sell or supply medicines to anyone other than the patient using the medicine

**Yes  No**

* 1. **Please specify below any other activities or services you intend to provide at or from the premises.**

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* 1. **Are you registered, or are you planning to register, with any of the following regulators? (please tick all that apply)**

**Care Quality Commission**

**Healthcare Improvement Scotland**

**Healthcare Inspectorate Wales**

**Other**

## Standards for registered pharmacies assessment

**Use this section to show how you will meet the standards for registered pharmacies from the first day your pharmacy is open. You can find the standards for registered pharmacies and the guidance which supports them in the ‘Standards’ section of the GPhC website. You may also find the inspection decision making framework (available in ‘Inspections’ section of the website) useful to help understand the issues to consider. This information will be passed to the inspector. The inspector will use this information to plan the pre-registration inspection visit.**

**If you are planning to provide pharmacy services at a distance, including over the internet, make sure you have read the guidance on providing these services, available on the ‘Internet pharmacy’ page of the main GPhC website. You may want to reference the guidance in your answers to this assessment.**

## Principle 1: The governance arrangements safeguard the health, safety and wellbeing of patients and the public.

**‘Governance arrangements’ include having clear definitions of the roles and accountabilities of the people involved in providing and managing pharmacy services. They also include the arrangements for managing risks, and the way the registered pharmacy is managed and operated.**

**Standard 1.1: the risks associated with providing pharmacy services are identified and managed.**

* 1. **Summarise the risks associated with the pharmacy services you intend to provide. How will you manage these?**

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**Standard 1.2 The safety and quality of pharmacy services are reviewed and monitored.**

* 1. **Describe what you will do to ensure that the pharmacy services you intend to provide will be safe and how you will monitor this.**

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**Standard 1.3: pharmacy services are provided by staff with clearly defined roles and clear lines of accountability.**

* 1. **Describe how you will make sure pharmacy staff have clearly defined roles and clear lines of accountability. Do you intend to employ qualified pharmacy staff, or will some members of the pharmacy team be given training, for example? If so, have you identified who will be responsible for training? Include examples of job roles you have recruited to or intend to employ staff to do**.

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**Standard 1.4: feedback and concerns about the pharmacy, services and staff can be raised by individuals and organisations, and these are taken into account where appropriate**

* 1. **Describe how you intend to collect and review this feedback.**

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**Standard 1.5: appropriate indemnity or insurance arrangements are in place for the pharmacy services provided**

* 1. **Provide evidence that you will have appropriate indemnity arrangements in place from day one.**

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**Standard 1.6 All necessary records for the safe provision of pharmacy services are kept and maintained**

* 1. **Describe the records you will keep and maintain records in the pharmacy. For example, show that you will have all the required registers available for pharmacy staff to use from day one. Describe the sort of records you intend to keep and why they are relevant to the range of services you intend to provide and the staff you intend to recruit.**

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**Standard 1.7: information is managed to protect the privacy, dignity and confidentiality of patients and the public who receive pharmacy services**

* 1. **Describe how you will manage information to meet this standard.**

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**Standard 1.8: children and vulnerable adults are safeguarded**

* 1. **Describe how you will make sure children and vulnerable adults are safeguarded**

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## Principle 2: Staff are empowered and competent to safeguard the health, safety and wellbeing of patients and the public.

**The staff you employ and the people you work with are key to the safe and effective practice of pharmacy. Staff members, and anyone involved in providing pharmacy services, must be competent and empowered to safeguard the health, safety and wellbeing of patients and the public in all that they do.**

**Standard 2.1: there are enough staff, suitably qualified and skilled, for the safe and effective provision of the pharmacy services provided.**

* 1. **Describe how you have determined the staffing levels and skill mix you need for the services you plan to provide.**

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**Standard 2.2: staff have the appropriate skills, qualifications and competence for their role and the tasks they carry out, or are working under the supervision of another person while they are in training.**

* 1. **Describe how you will make sure staff are able to carry out their roles in a way which meets this standard.**

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**Standard 2.3: staff can comply with their own professional and legal obligations and are empowered to exercise their professional judgement in the interests of patients and the public.**

* 1. **Describe how you will make sure staff are able to carry out their roles in a way which meets this standard.**

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**Standard 2.4: there is a culture of openness, honesty and learning.**

* 1. **Describe how you will make sure there is an open, honest and learning culture in the pharmacy.**

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**Standard 2.5: staff are empowered to provide feedback and raise concerns about meeting these standards and other aspects of pharmacy services.**

* 1. **Describe how you will make sure staff are able to provide feedback and raise concerns.**

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**Standard 2.6: incentives or targets do not compromise the health, safety or wellbeing of patients and the public, or the professional judgement of staff.**

* 1. **Describe how you will manage the use of incentives and targets to meet this standard.**

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## Principle 3: The environment and condition of the premises from which pharmacy services are provided, and any associated premises, safeguard the health, safety and wellbeing of patients and the public.

**It is important that patients and the public receive pharmacy services from premises that are suitable for the services being provided and which protect and maintain their health, safety and wellbeing. To achieve this, you must make sure that all premises where pharmacy services are provided are safe and suitable. Any associated premises, for example non-registered premises used to store medicines, must also comply with these standards where applicable.**

**Standard 3.1 Premises are safe, clean, properly maintained and suitable for the pharmacy services provided.**

* 1. **Provide a description of your premises to show how it will meet this standard. You can refer to the scale plan of the internal layout of the premises which you will need to submit as part of your application.**

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**Standard 3.2 Premises protect the privacy, dignity and confidentiality of patients and the public who receive pharmacy services.**

* 1. **Describe how you will make sure the environment the premises of the pharmacy will meet this standard.**

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**Standard 3.3 Premises are maintained to a level of hygiene appropriate to the pharmacy services provided.**

* 1. **Describe how you will make sure the pharmacy hygiene is maintained to meet this standard.**

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**Standard 3.4 Premises are secure and safeguarded from unauthorised access.**

* 1. **Describe how you will make sure the premises are safeguarded and secure.**

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**Standard 3.5 Pharmacy services are provided in an environment that is appropriate for the provision of healthcare.**

* 1. **Describe how you will make sure the pharmacy environment meets this standard.**

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## Principle 4: The way in which pharmacy services, including the management of medicines and medical devices, are delivered safeguards the health, safety and wellbeing of patients and the public.

**‘Pharmacy services’ covers all pharmacy-related services provided by a registered pharmacy including the management of medicines, advice and referral, and the wide range of clinical services pharmacies provide. The management of medicines includes arrangements for obtaining, keeping, handling, using and supplying medicinal products and medical devices, as well as security and waste management. Medicines and medical devices are not ordinary commercial items. The way they are managed is fundamental to ensuring the health, safety and wellbeing of patients and the public who receive pharmacy services.**

**Standard 4.1: the pharmacy services provided are accessible to patients and the public.**

* 1. **Describe how you will make sure the pharmacy services you provide are accessible.**

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**Standard 4.2: pharmacy services are managed and delivered safely and effectively.**

* 1. **Describe how you will make sure the pharmacy services you provide are managed and delivered safely and effectively.**

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**Standard 4.3: medicines and medical devices are obtained from a reputable source, safe and fit for purpose, stored securely, safeguarded from unauthorized access, supplied to the patient safely, and disposed of safely and securely.**

* 1. **Describe how you will make sure the medicines and medical devices you provide in the pharmacy meet this standard.**

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**Standard 4.4: concerns are raised when it is suspected that medicines or medical devices are not fit for purpose.**

* 1. **Describe how you will make sure that concerns are raised about** **medicines or medical devices to meet this standard.**

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## Principle 5: The equipment and facilities used in the provision of pharmacy services safeguard the health, safety and wellbeing of patients and the public.

**The availability of safe and suitable equipment and facilities is fundamental to the provision of pharmacy services and is essential if staff are to safeguard the health, safety and wellbeing of patients and the public when providing effective pharmacy services.**

**Standard 5.1: equipment and facilities needed to provide pharmacy services are readily available**

* 1. **Describe how you will make sure that equipment and facilities are available to meet this standard.**

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**Standard 5.2: equipment and facilities are obtained from a reputable source, safe to use and fit for purpose, stored securely, safeguarded from unauthorized access and appropriately maintained**

* 1. **Describe how you will make sure that the equipment and facilities the pharmacy uses meet this standard.**

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**Standard 5.3: equipment and facilities are used in a way that protects the privacy and dignity of the patients and the public who receive pharmacy services**

* 1. **Describe how you will make sure that the equipment and facilities the pharmacy uses meet this standard.**

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## Voluntary removal

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| --- | --- | --- | --- | --- | --- | --- |
| Proposed closing date  (DDMMYY)\* |  |  |  |  |  |  |
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The premises will be removed from the register on this date. If you want to open a pharmacy premises at a future event on the same site, you must make a separate application for restoration using this form.

1. **Declarations**

**Section A: to be completed by the owner of the proposed registered pharmacy**

**Depending on the structure of the organisation, this declaration should be made by:**

* **the sole trader, who must be a currently registered pharmacist**
* **a member of a partnership who is a currently registered pharmacist**
* **a director of a body corporate, who has the authority to bind the body corporate**
* **a partner of a limited liability partnership (LLP), who has authority to bind the LLP**
* **the chief pharmacist of the NHS Trust**

**Section B must be completed by the Superintendent of a body corporate or LLP who is responsible for the keeping, preparing and dispensing of pharmacy and prescription only medicines.**

**I declare that:**

* 1. I am the person applying to register a pharmacy in part 3 of the register, as set out in section 1
  2. I am or will be a person lawfully conducting a retail pharmacy business at those premises within the meaning of Part 4 of the Medicines Act 1968
  3. I will notify the registrar should these circumstances change
  4. the service model from the pharmacy will include at least one of the following:

1. the sale of Pharmacy (P) medicines
2. the supply of P medicines or Prescription Only Medicines (POMs) against prescriptions
3. the supply of P medicines or Prescription Only Medicines (POMs) against prescriptions written by a veterinary practitioner for the treatment of an animal under the ‘cascade’
   1. I understand that I have a duty to inform the registrar of any change in the service model of any of my registered pharmacies which will affect the registration status of the pharmacies for which I am responsible, and should complete a voluntary removal form for any pharmacies which no longer meet the criteria for registration
   2. I have read and undertake to meet the standards for registered pharmacies and the relevant guidance in respect of these premises
   3. If I am found to have given false or misleading information in connection with this application, this may be treated as misconduct and may result in my removal from part 1 of the register (if I am a registered pharmacist), the refusal to register the pharmacy premises, or the removal of the premises from part 3 of the register
   4. I have read and understood the supporting guidance provided as part of this application pack, and I understand if the application is incomplete or missing documentation it will be returned to me. If the application is returned to me more than once, I will have to pay a fee of **£52** to resubmit it.

Please either print this form and manually sign it below or add an electronic signature using Adobe Fill & Sign – see the instructions below

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Signed Date

**Adding your signature using Adobe Fill & Sign**

Click on the ‘sign’ icon in the Fill & Sign toolbar and select ‘Add signature’. You can add your signature in two ways:

Click on the ‘Draw’ icon and use your mouse to draw your signature (much as you would when accepting a package delivery)

Click on the ‘Image’ icon (first you will need to take a photograph of your signature and save it to your PC) and then select the image you have saved of your signature.

**Please note that we will not accept a typed signature.**

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| Name |  |

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| Position |  |

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| GPhC registration number (if applicable) |  |  |  |  |  |  |  |
|

**Section B: to be completed by the superintendent pharmacist of the owner organisation**

**Complete this section if you are the superintendent pharmacist of a body corporate or LLP where the person completing section A is not a currently registered pharmacist.**

**As the superintendent pharmacist of the owner organisation, I declare that:**

* 1. I am the superintendent pharmacist of the body corporate or LLP, and that the information provided in this notification of change of ownership is complete, true and accurate
  2. I hereby undertake to notify the registrar should these circumstances change
  3. the service model from the pharmacy will include at least one of the following:

1. the sale of Pharmacy (P) medicines
2. the supply of P medicines or Prescription Only Medicines (POMs) against prescriptions
3. the supply of P medicines or Prescription Only Medicines (POMs) against prescriptions written by a veterinary practitioner for the treatment of an animal under the ‘cascade’
   1. I understand that I have a duty to inform the registrar of any change in the service model of any of the registered pharmacies which will affect the registration status of the pharmacies owned by the body corporate. I understand that the pharmacy owner must complete a voluntary removal form for any pharmacies which no longer meet the criteria for registration
   2. I have read and undertake to meet the standards for registered pharmacies and the relevant guidance in respect of these premises
   3. If I am found to have given false or misleading information in connection with this application for registration, this may be treated as misconduct and may result in my removal from Part 1 of the register, refusal to register the premises, or the removal of the premises from Part 3 of the register
   4. I understand that I have a duty to inform the GPhC if I cease to act in the capacity of superintendent pharmacist within 28 days of the date that I cease to do so

Please either print this form and manually sign it below or add an electronic signature using Adobe Fill & Sign – see the instructions below

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Signed Date

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| Position |  |

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| GPhC registration number (if applicable) |  |  |  |  |  |  |  |
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# Application checklist

**Submit this checklist with your notification.**

|  |  |
| --- | --- |
| Premises post code |  |

I am submitting an application to register or restore and remove pharmacy premises. I am including as part of my application:

1. **Compulsory documents**

a completed application form

a set of plans of the proposed pharmacy, drawn to scale and including all the information as set out in the guidance

1. **As my organisation does not currently own any registered pharmacies:**

a completed nomination of superintendent form

1. **I want to pay the £634.00 application fee and £392.00 first year registration fee, a total of £1026.00, by:**

Credit or debit card – please request my payment via Worldpay

BACS and will make the payment **using the premises postcode as a reference**, and the details:

**Bank Nat West**

**Sort code 60-60-04**

**Account number 45165548**