**Royal Pharmaceutical Society**

**Royal Society of Biology**

**Royal Society of Chemistry**

**Qualified Person: Application Form for certification of eligibility**

Please refer to the Study Guide and Guidance Notes before completing the form. If you have any queries relating to your application, you should contact your own professional body.

1. **Name and contact information**

Title: \_\_\_\_\_\_\_\_\_\_\_\_

Name:

Other names by which you have been known:

Address for correspondence, telephone and email:

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Please provide an alternative email and telephone number for the rare occasion we need to contact you urgently before the interview:

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1. **Membership**

Royal Pharmaceutical Society [ ]  Royal Society of Biology [ ]  Royal Society of Chemistry [ ]

Membership number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designatory letters \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Category of Application**

Please specify the category and directive(s) under which you are applying

Permanent Provisions [ ]

Transitional Provisions of 2001/83/EC [ ]  2001/20/EC [ ]  2004/24/EC [ ]

Have you applied previously for QP eligibility? Yes [ ]  No [ ]

If so, please state to which body and when:

1. **Qualifying experience**

**Practical Experience Requirements** (refer to the Guidance Notes for Applicants and Sponsors)

Products and processes for which you are claiming your qualifying experience:

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Company or companies and dates to satisfy experience requirements, with Manufacturer’s Authorisation number(s) and issue date(s). These must cover the whole period of experience required (one\* or two years for RPS applicants, two years for RSB and RSC applicants)

\*In the UK, a minimum of one year of required practical experience for pharmacists has been approved. Any individual who is not registered as a pharmacist (or has not been previously registered as a pharmacist) in the UK, who wishes to apply via the RPS for assessment of QP eligibility, should contact the RPS QP officer for advice before applying.

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1. **Employment**

Your job title, the name and address of your current or most recent employer and contact details (telephone and email):

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1. **Education and training**

**Qualifications (post “A” level or other post-18 qualifications)**

**Please use a separate box for each**

Please provide the name and subject of the award, the institution where you studied, the dates of study (mm/yy to mm/yy) and the date of the award (mm/yy), and whether it was full or part time.

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**Other study relevant to the role of the Qualified Person**

If you have completed any QP training courses please list the training provider(s) and the dates (mm/yy to mm/yy or for short courses dd/mm/yy) you attended the course (to be expanded upon in each section of the Study Guide).

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1. **Professional experience**

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| Job title and employer | Dates (mm/yy to mm/yy)  | Key responsibilities (mark as level A, B or C – refer to the Guidance Notes) and range of products  |
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1. **Foundation knowledge elements**

**For applicants applying under the permanent provisions only.**

Please describe how you meet the knowledge and experience requirements of the Study Guide.

**a Pharmaceutical law and administration**

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| Education: course provider and date(s) attended (mm/yy to mm/yy or for short courses dd/mm/yy) |
| Experience |
| Confirmed by sponsor (signed)………………………. |

**b The role and professional duties of a Qualified Person**

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| Education: course provider and date(s) attended (mm/yy to mm/yy or for short courses dd/mm/yy) |
| Experience |
| Confirmed by sponsor (signed)………………………. |

**c Pharmaceutical Quality System**

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| Education: course provider and date(s) attended (mm/yy to mm/yy or for short courses dd/mm/yy) |
| Experience |
| Confirmed by sponsor (signed)………………………. |

1. **Additional knowledge requirements**

**d Mathematics and statistics**

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| Education: course provider and date(s) attended (mm/yy to mm/yy or for short courses dd/mm/yy) |
| Experience |
| Confirmed by sponsor (signed)………………………. |

**e Medicinal chemistry and therapeutics**

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| Education: course provider and date(s) attended (mm/yy to mm/yy or for short courses dd/mm/yy) |
| Experience |
| Confirmed by sponsor (signed)………………………. |

**f Pharmaceutical formulation and processing**

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| Education: course provider and date(s) attended (mm/yy to mm/yy or for short courses dd/mm/yy) |
| Experience |
| Confirmed by sponsor (signed)………………………. |

**g Pharmaceutical microbiology**

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| Education: course provider and date(s) attended (mm/yy to mm/yy or for short courses dd/mm/yy) |
| Experience |
| Confirmed by sponsor (signed)………………………. |

**h Analysis and testing**

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| Education: course provider and date(s) attended (mm/yy to mm/yy or for short courses dd/mm/yy) |
| Experience |
| Confirmed by sponsor (signed)………………………. |

**i Pharmaceutical packaging**

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| Education: course provider and date(s) attended (mm/yy to mm/yy or for short courses dd/mm/yy) |
| Experience |
| Confirmed by sponsor (signed)………………………. |

**j Active pharmaceutical ingredients**

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| Education: course provider and date(s) attended (mm/yy to mm/yy or for short courses dd/mm/yy) |
| Experience |
| Confirmed by sponsor (signed)………………………. |

**k Investigational medicinal products**

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| Education: course provider and date(s) attended (mm/yy to mm/yy or for short courses dd/mm/yy) |
| Experience |
| Confirmed by sponsor (signed)………………………. |

1. **Sponsor (Referee for transitional applications)**

Please complete and sign below to confirm that:

- You are willing to act as a sponsor (or referee for transitional applications);

- You certify that to the best of your belief, the information given on this application form is a true account of

 the applicant’s professional experience and that the applicant has adequate knowledge and experience

 and you consider that he/she is competent to undertake the duties of a Qualified Person;

- You are willing to supply further information if necessary.

Name and address for correspondence, including telephone and email:

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Name and address of employer, if different:

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Professional body, membership number and designatory letters:

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Relationship to the applicant in respect of employment:

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Eligible to act as a QP Yes [ ]  No [ ]

**Signature of sponsor/referee Date**

**Additional Sponsor if required** (refer to the Guidance Notes)

Name and address for correspondence, including telephone and email:

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Name and address of employer, if different:

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Professional body, membership number and designatory letters:

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Relationship to the applicant in respect of employment:

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Eligible to act as a QP Yes [ ]  No [ ]

**Signature of sponsor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Certification by applicant**

I certify that the information given on this application form in any attachment is correct to the best of my knowledge and belief and that I will abide by the decision of the Royal Pharmaceutical Society \* / Royal Society of Biology \* / Royal Society of Chemistry \* in pursuance of this application.

(\* Delete as applicable).

I certify that there are no investigations of my professional conduct in progress.

I consent to the sharing of data relating to my application between the RPS, RSB and RSC for the purpose of administration of the Joint Professional Bodies’ assessment process.

Applicants should be aware that, as members of the RPS, RSB or RSC, they have given an undertaking to be bound by the conditions of the QP Code of Practice and the following regulations appropriate to their membership:

RPS: Society rules including the Code of Conduct for Members of the Society and the Terms and Conditions of membership.

RSB: Code of Conduct, and Guide on Ethical Practice

RSC: Code of Conduct and Guidance on Professional Practice, and Disciplinary Regulations.

Applicants should also be aware that information relating to actions under these regulations may be disclosed to the MHRA or VMD, and that they consent to disclosure of such information to the MHRA or VMD by signing the declaration below. The Joint Professional Bodies will not process any applications in which consent is withheld.

**Signature of applicant Date**

1. **Fee**

Enter the sum of your fee £

Please refer to the websites for the current fees, which you can pay by cheque or credit card.

1. **Completing your application**

**Have you included:**

Application form, completed, dated and signed by you and your sponsor(s) [ ]

Sponsor(s) report(s) (Referee’s report for transitional applications) [ ]

Copies of relevant certificates for qualifications and training, signed by your sponsor to verify authenticity [ ]

Fee [ ]