

Disclosure of Conduct Conditions

Applicant's full name:	
Date:	
Please indicate which of the following are relevant	
<ul style="list-style-type: none"> • Conviction • Diversion/Warning • Investigation • University disciplinary procedures 	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
Relevance of the above to the practice of pharmacy:	
Date and nature of offence or complaint:	
Applicant's age at time of offence or complaint	

Detail any mitigating circumstances

Detail any action taken since

Detail any insight gained

Please enclose two testimonials to your character to support your disclosure.
 Testimonials should be from a tutor, lecturer, or supervising pharmacist

Does the offence:

- | | |
|---|--|
| • Involve a conviction that carries a penalty equal or greater than 3 months' imprisonment? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • Involve dishonesty, fraud or misrepresentation? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • Indicate drug or alcohol dependency? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • Result in a criminal conviction or finding of misconduct/unfitness to practice by anybody responsible for the regulation of a health or social care profession? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • Involve violence exhibiting intentional or deliberate disregard of human life? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • Involve sexual misconduct? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • Involve trafficking in, or illegally manufacturing, any controlled drug? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • Indicate a blatant disregard for the law or the system of registration? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

- *If the offence is a conviction, please provide a copy of the conviction notice and any other relevant court documents.*
- *If the offence is a University discipline procedure, please provide a copy of the document or letter from the relevant Department regarding the action taken against you.*

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Evaluated by Registrar Yes No

Reflects adversely on applicant's fitness to practise pharmacy Yes No

Recommendation:

- | | |
|---|--|
| • Register applicant | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • Decline applicant | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • Renew APC | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| • Refer to Council or a Council Committee | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Comments