Notice of appeal

**Use this form to notify us that you want to appeal a decision we have made about your registration or application.**

**We will not be able to consider your appeal if you have not completed this form correctly, and have not provided the relevant documents.**

**You can complete the form by hand, or digitally.**

**If you fill it in digitally, use Word to complete the form. When you have finished adding your information, save it as a PDF and sign it digitally in section 5 using Adobe Acrobat ‘Fill & Sign’. 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 the application and fill it in by hand, writing clearly. You will need to scan your completed form and send it to us as a PDF.**

**You will need to scan copies of your supporting documents and send them with your completed form, to** [ProfRegAdmin@pharmacyregulation.org](mailto:ProfRegAdmin@pharmacyregulation.org).

## Personal details if you are appealing against a decision which affects your application or registration

**Give us your personal details so that we can identify you, and contact you about your appeal.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1.1 | Title | Mr |  | Mrs |  | Ms |  | Miss |  | Other |  |

|  |  |  |
| --- | --- | --- |
| 1.2 | Full name |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 1.3 | Date of birth (DDMMYY) |  |  |  |  |  |  |

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| 1.4 | GPhC registration number  (if applicable) |  |  |  |  |  |  |  |
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| --- | --- | --- |
| 1.5 | Home address (including postcode) |  |

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| --- | --- | --- |
| 1.6 | Email |  |

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| --- | --- | --- |
| 1.7 | Contact phone |  |

## Appeals about a pharmacy premises

**If you are submitting this appeal on behalf of an organisation, in relation to a pharmacy premises please give details below. If not, please go to section 3.**

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| --- | --- | --- |
| 2.1 | Premises address (including postcode) to which the appeal relates |  |

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| --- | --- | --- |
| 2.2 | Organisation name |  |

* 1. **Is the organisation (please check only one option):**

**a body corporate or limited liability partnership (LLP)**

**an NHS trust**

**a sole trader or partnership**

|  |  |  |
| --- | --- | --- |
| 2.4 | Address (including post code)\* |  |

\* This must be the registered or principal office address of the organisation, or if you are a sole trader, this is your home address

## Your representative

**If you want to be represented by a defence society, trade union or practising solicitor please give their details in this section**

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| 2.1 | Name |  |

|  |  |  |
| --- | --- | --- |
| 2.2 | Job title |  |

|  |  |  |
| --- | --- | --- |
| 2.3 | Organisation |  |

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| --- | --- | --- |
| 2.4 | Email |  |

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| 2.5 | Contact phone |  |

## Decision details

**Indicate the decision you want to appeal and the rule or regulation it was made according to (which will be given in your decision letter) and give details of the decision and when it was made.**

* 1. **I would like to appeal against a decision (please check):**

under Part 3 of the General Systems Regulations to require an exempt person to whom article 21(1)(c) or 22(1)(b) applies to complete an adaptation period, or pass an aptitude test, before deciding whether that person is ‘appropriately qualified’ for the purposes of article 20(1)(a)(i)

by the registrar to refuse to enter a person in Part 1 or 2 of the register as a pharmacist or a pharmacy technician (excluding restoration cases)

by the registrar to refuse to enter a person in Part 4 or 5 of the register (excluding restoration cases)

by the registrar to require a person to undergo an examination or other assessment under article 23A(6)(a)

by the registrar for the purposes of article 24(2B) that article 24(2A)(b) does not apply in relation to the person

by the registrar under article 23(2)(b) to refuse to renew an entry of a registrant in Part 1 or 2 of the register

by the registrar under paragraph 5 or 14 of Schedule 2 to refuse to renew the entry of a visiting practitioner in Part 4 or 5 of the register

by the registrar to refuse to enter, renew or restore an annotation in any part of the register in respect of a specialisation pursuant to rules under article 27(1)

by the registrar to remove an annotation in respect of a specialisation from any part of the register pursuant to rules under article 27(1)

by the registrar to remove the entry of a registrant from Part 1 or 2 of the register pursuant to article 28(2) or (3)

by the registrar to remove the entry of a registrant from Part 1, 2, 4 or 5 of the register or a registered pharmacy from Part 3 of the register pursuant to article 29(3)(a) or (b)

a decision by the registrar to remove the entry of a registrant from Part 1 or 2 of the register pursuant to article 30(1) or (3)

a decision by the registrar to remove an entry of a registrant from Part 1 or 2 of the register under article 32(9)(a)

by the registrar to refuse an application for restoration of a person’s entry in Part 1, 2, 4 or 5 of the register but only if the decision is for a reason that does not relate to a person’s fitness to practise

by the registrar in accordance with rules made by the GPhC under article 43(7) to suspend the entry of a registrant in the register or to remove such an entry from the register on the ground that the registrant has failed to comply with the requirements or conditions of the framework adopted by the Council under article 43(4)(a) or has made a false declaration about compliance with those requirements or conditions

a decision by the GPhC under article 47(6)(a) or (b) to refuse to approve, or to withdraw approval from, any education, training, qualification, test or institution or other provider or to impose probationary or remedial measures on an institution or other provider

by the registrar under section 74A of the Medicines Act 1968 (registration of premises: Great Britain) to refuse to enter premises in Part 3 of the register or to refuse to renew the entry of premises in Part 3 of the register

by the registrar under section 74H of the Medicines Act 1968 (change of ownership of retail pharmacy business: Great Britain) not to restore an entry of premises to Part 3 of the register

by the registrar under paragraph (4) of article 14 to suspend or remove an entry of premises in Part 3 of the register

A decision by the Council, under Schedule 2A, or under Part 4 of the General Systems Regulations, to revoke, or not to issue, extend or vary, a European Professional Card

a decision which, by virtue of rules under this order, may be appealed to the Appeals Committee. (Please note however that a decision is not an appealable decision if it was taken because of a failure to pay any fee prescribed under article 36(1); or because the applicant is not appropriately qualified, in circumstances where the applicant contends that the applicant’s qualifications should be approved by the GPhC pursuant to article 21(1)(d)(i) or 22(1)(c)(i))

* 1. **I have enclosed a copy of the letter of decision which I received, and want to appeal against**

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| --- | --- | --- | --- | --- | --- |
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* 1. **The date the decision was made is (DDMMYY)**

## Appeal details

**Use this section to set out the details of your appeal. Remember to include copies of any evidence you refer to in your reasoning as part of your appeal submission. The boxes will expand as you type.**

* 1. **What are the reasons why you think the decision was incorrect?**

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|  |

* 1. **I have enclosed (please tick all that apply):**

**copies of all the evidence and materials submitted to the registrar before the decision**

**copies of all new evidence and materials to support my appeal**.

**And I have listed these below:**

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* 1. **What is your skeleton argument against the decision?**

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* 1. **I would like my appeal to be considered either:**

**on the papers alone (that is, just on the evidence I am submitting and the information I am giving in this form)**

**or:**

**at a hearing, which I would like to attend**

**If you want to request a hearing, do you want to request a case management meeting?**

Yes  No

If yes, please give details below of what issues you would like to cover at the meeting:

|  |
| --- |
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## Submission declaration

**I declare that:**

* 1. this notice and any information and materials submitted in support of it are full and accurate
  2. I understand that if my appeal is unsuccessful I may be ordered to pay costs

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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.**