

COVID-19 Section 77¹ Restoration Application Form for Pharmaceutical Assistants

Important Information:

- This is an application to be named on the Register while the Covid-19 pandemic is in being – this form may only be used if your name was previously entered on the Register of Pharmaceutical Assistants in Ireland with the PSI.
- No fee is required to be paid with this application
- Please note the term ‘Section 77 Registration’ will be displayed immediately after your surname on the Register, for example, John Murphy – **Murphy - Section 77 Registration**
- Restorations to the Register made under Covid-19 Section 77 are temporary registrations and will automatically cease after the Covid-19 pandemic emergency has been declared to have passed by Government

Please note: All personal information submitted by you will be treated in accordance with DataProtection legislation. Please review the [Data Protection Statement](#) on our website for details about our use of your information, your rights in relation to this, and the measures we have in place to safeguard your information.

1. Personal Information	
Title:	Mr/Ms/Mrs/Miss/Dr/Other
Full name (as per birth certificate)	
Address	
Contact phone number	
Email	
PSI Registration Number	
When was your registration last cancelled with the PSI?	Less than 6 months 6 months to 1 year 1 year to 3 years More than 3 years
Reason for cancellation from the Register: (e.g. retirement, emigration, maternity leave, involuntary cancellation - Section 60, career break)	

¹Section 77 of Pharmacy Act 2007 as inserted by part 4 of the Emergency Measures in the Public Interest (COVID-19) Act 2020

Are you currently or have you previously been registered with any other health and/or social care regulatory bodies in any country (for example, include Medical Council, CORU etc)? Yes No

If you have answered 'Yes', please give detail below:

Name of body registered with:	
Registration number with that body:	
Date first registered:	
Date discontinued (if not currently registered with the body):	
Are you or have you ever been sanctioned, restricted or prohibited from practising or carrying on, any other practice, profession or occupation which consists of the provision of health or social care services?	

2. Declarations		Yes	No
a.	I have a sufficient level of competence in the English <u>or</u> Irish] language(s) to provide practise safely, communicate effectively with the public, patients, other health professionals and other people I may come in contact with over the course of my duties as a registered Pharmaceutical Assistant, and am able to discharge the professional responsibilities of a registered pharmaceutical assistant.		
b.	I have no physical or mental health condition that will impair my ability to practise safely		
c.	I have not ever been convicted of a criminal offence under Irish law or under the law in any other jurisdiction.		
d.	I have not ever been sanctioned, restricted or prohibited from practising or carrying on, any other practise, profession or occupation which consists of the provision of health or social care services.		
e.	The information I have provided in this form and in any supporting documents is true and accurate		

Signature Date

I consent to the PSI processing data about me for the purpose of complying with its statutory duties in respect of public protection and ensuring that its registrants are fit to practise and for PSI to supply other competent authorities with such information as the PSI deem appropriate in the carrying out of its statutory duties.

Signature Date

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Further Information in Relation to Declarations b, c & d (if applicable)

Table 1: Health Matters

Details of any physical/mental health condition which could impact your ability to practice including alcohol and/or drug dependence	
Any further information that may be appropriate for PSI to be aware of.	

Table 2: Criminal Offence

Name of Country/State/Region:	
Name & address of Court:	
Nature of offence:	
Date of offence:	
Penalty/Sanction imposed:	

**Table 3: Sanctions/Restrictions/Prohibitions
(in relation to any other Health or Social Care Profession)**

Name of Country/ State / Region where sanction imposed	
Date of finding/sanction:	
Sanction Imposed or any undertaking(s) provided	
Circumstances of the events leading to the sanction:	