



The Pharmacy Regulator

An Rialtóir Cógaisíochta

Photograph and Statutory Declaration Form

Photo Form

Submission of Photograph

For the purposes of applications to register under S.14(1) and S.16(1) of the Pharmacy Act 2007 (as amended)

First Name:

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Surname:

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Please provide two recent passport photographs. Sign and date this form and return with all documentation accompanying the application to register.

I confirm that:

1. The two photographs I have provided here are recently taken ones of me.
2. I have printed my name in block capitals on the reverse side of each photograph.
3. A registered legal or healthcare professional has signed and dated both photographs, and certified that the photograph is a photograph of me and is a true likeness.
4. I am submitting these photographs and confirmation for the purposes of my application for registration as a pharmacist under sections 14(1) and 16(1) of the Pharmacy Act 2007 (as amended)

Signature: _____

Date: _____

I certify that the two photographs signed and dated by me are photographs of the applicant, and are true likenesses of the applicant.

*Witnessed by*²: _____

Name: _____
(Signature)

Address: _____

Please Attach Photo Here

Registering body of witness: _____

Registration no. of witness: _____

² The registered Legal or Healthcare professional who has signed and dated both photographs

Statutory Declaration Form

To be completed in the presence of a Peace Commissioner or Solicitor or Commissioner for Oaths in the Republic of Ireland

In the matter of part 4 of the pharmacy act 2007

and

In the matter of part 3 and schedule 1 of the Pharmaceutical Society of Ireland (registration) rules 2008 (SI. 494 of 2008)

and

In The Matter of an Application by

[Insert the name of the applicant here]:

To have their application for registration as a pharmacist considered for practice in the state

I, _____
[insert name of applicant here]
Of _____

[insert your usual residential address here]

do solemnly and sincerely declare as follows:

I, _____ *[insert your name here]*, am one and the same person as the applicant in the Form of Application for registration as a pharmacist to which this declaration relates.

1. All the information provided by me in the said application form is, to the best of my knowledge, information and belief, true, accurate, correct and complete.

2. The copies of my birth certificate, my current passport (and if applicable my marriage certificate) which accompany my said application are true copies of the original documents which are themselves authentic.
3. The facts dates and circumstances contained within all the copy certificates and documents presented are, to my knowledge, true and accurate.
4. The passport sized photograph which I have provided as part of this application represents a true current likeness of me the declarant.
5. The copy of my pharmacy degree, and evidence that I have passed the Professional Registration Examination, which accompany my application form, are true copies of the originals, which are authentic documents.
6. Insofar as there is any difference between my name as it appears in the said Form of Application and/or in this declaration and/or in the various documents which accompany same I say that I am one and the same person as the person mentioned therein and I will if called upon so to do by Pharmaceutical Society of Ireland (PSI) provide further evidence to that effect.
7. I consider that I have sufficient competence in the English, or Irish language, necessary to discharge my professional obligations as a pharmacist.
8. If it is considered that I do not have sufficient competence in the English, or Irish language, necessary to discharge my professional obligations as a pharmacist, I attest that I will undertake to acquire this competence.
9. I declare that I am aware of the legal, moral and ethical principles which govern the profession of pharmacist in the State and that I have read, understood and agree to abide by the Code of Conduct for Pharmacists as published by the PSI and as may be updated from time to time.
10. I declare that I have not been prohibited under the law of another state from carrying on any activity in that state corresponding to the practice of a pharmacist or the carrying on of a retail pharmacy business, or convicted in Ireland or another state of an offence the nature of which has, in the opinion of the Council, a bearing on my fitness to practice.
11. I declare that I have not been prohibited from carrying on any practice, profession or occupation which mainly consists of the provision of health (including animal health) care or services or social care or services in Ireland or any other country.
12. I declare that I am not aware of any reason on grounds of physical or mental health why I might be unable to discharge the responsibilities of a registered pharmacist if so registered.
13. I declare that there is nothing in my past history, conduct or character that, having regard to patient (including animal health) safety and public health, would render it unsafe for me to be permitted to undertake the practice of pharmacy in Ireland.

14. I am aware that under Section 6 of the Statutory Declarations Act 1938 (as amended) it is in Ireland a criminal offence punishable by fine and/or imprisonment for a person to swear a Statutory Declaration which contains information that is to their knowledge false or misleading.

I make this solemn declaration conscientiously believing the same to be true for the benefit of the Pharmaceutical Society of Ireland by virtue of the Statutory Declarations Act 1938 (as amended).

Declared before me _____
[insert name in capitals]
a Notary Public/Commissioner for Oaths/Peace Commissioner/Practising Solicitor

By _____
[insert name of the person (applicant) swearing the declaration in capitals here]
who is personally known to me or who was identified to me

[insert name of identifying person here]

Or

whose identity has been established to me before the taking of this Declaration by the production to me of passport no. _____ issued on _____
by the authorities of _____ *[which is an authority recognized by the Irish Government]*

Or

national identity card no. _____ issued on _____
by the authorities of _____ [which is an EU Member State, the Swiss
Confederation or a Contracting Party to the EEA Agreement]

At _____

[insert address at which declaration was sworn here]

in the County/City of _____

This _____ day of _____ 20_____

Signature of Applicant

**Signature of Person Authorised to
Take Declaration**

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