Qualified Person: Registration form for certification of eligibility

The purpose of this form is to allow your professional body to check that you have the appropriate qualifications, professional body membership level and sponsor(s) to apply for Qualified Person eligibility. This will allow suitable time for you to resolve any issues before submitting your application form.

Please complete this Registration form and submit it to the QP Officer at your professional body. They will then provide you with a copy of the QP application and sponsor form. The Registration form can be submitted at any point during your QP training.

We appreciate that the information provided on this form may change during your training period. Please inform your QP Officer of any changes to the information on this form. Please see the privacy statement at the end of this document for further information on how we look after your data.

1 Name and contact information

Title: _____

First Name: _____

Surname: _____

Other names by which you have been known: _____

Address for correspondence: _____

_____

Telephone: _____

Email: _____

2 Membership

Royal Pharmaceutical Society ☐ Royal Society of Biology ☐ Royal Society of Chemistry ☐

Membership number: _____ Designatory letters: _____

Have you applied previously for QP eligibility? Yes ☐ No ☐

If so, please state to which body and when: _____

3 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.

4 Sponsor

Please complete and sign below to confirm that:

- You are willing to act as a sponsor;
- You have read the Guidance for Applicants and Sponsors and understand the duties and responsibilities expected of a sponsor;
- You have met the minimum requirements required to act as a sponsor;
- You are willing to supply further information if necessary.

Title:_____

First Name:_____

Surname:_____

Address for correspondence:_____

_____

Telephone:_____

Email:_____

Royal Pharmaceutical Society ☐ Royal Society of Biology ☐ Royal Society of Chemistry ☐

Membership number: _____ Designatory letters: _____

Relationship to the applicant in respect of employment: _____

Do you work at the same company:_____

Eligible to act as a QP Yes ☐ No ☐

Signature of sponsor/referee _____ **Date** _____

Additional Sponsor if required (refer to the Guidance Notes)

Title:_____

First Name:_____

Surname:_____

Address for correspondence:_____

_____

Telephone:_____

Email:_____

Royal Pharmaceutical Society ☐ Royal Society of Biology ☐ Royal Society of Chemistry ☐

Membership number: _____ Designatory letters: _____

Relationship to the applicant in respect of employment: _____

Do you work at the same company:_____

Eligible to act as a QP Yes ☐ No ☐

Signature of sponsor/referee _____ **Date** _____

5 Certification by applicant

The information (including personal data under the relevant legislation) supplied on this form will be used for the purposes of administration of the Joint Professional Bodies' (JPB) assessment process. This will include disclosure to the RPS, RSB and RSC, including assessors. The Medicines and Healthcare Products Regulatory Agency (MHRA) and Veterinary Medicines Directorate (VMD) may be informed of applicants attending interview and their place of work. The JPB confirm QP eligibility with the MHRA or VMD when requested by these organisations.

For further information from your professional body, click on the appropriate link; RPS privacy policy, RSB privacy policy, or RSC privacy policy. These policies explain how long your personal information will be retained, your rights to access, rectify or erase your personal data, your right to make complaints to the supervisory authority and the contact details for the Data Protection Officers of RPS, RSB and RSC.

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.

By submitting this form, you certify that you have completed the form along with your sponsor and that they have given permission to share their personal data with RPS, RSB and RSC.

Applicants should be aware that it is a condition of admission that information relating to actions under these regulations may be disclosed to the MHRA or VMD. Applicants agree that they allow 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 the declaration has not been signed.

Signature of applicant _____ **Date** _____

Intended Submission date (optional):_____

The intended submission date will only serve as guidance for the QP officer. You will not be required to submit at this time and are free to submit whenever you and your sponsor feel that you have the knowledge and experience as set out in the Study Guide.