



## Training Establishment Declarations Form

**Name of training establishment:**

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**Address of training establishment:**

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### Connections

APPEL requires that staff members in supervisory/management roles at the training site(s) declare any of the connections listed below to students of pharmacy in UCC, RCSI and TCD by ticking the appropriate box below and providing the necessary details in the table:

Connections (including, but not limited to): spouse or partner, parent, brother, sister, child, spouse of a child, grandparent, uncle, aunt, niece, nephew, brother-in-law, sister-in-law parent-in-law and cousin.

- I am unaware of any such connections  
 OR  
 I am aware of connections to the following student(s)

Staff member name	Role of staff member (e.g. supervisor, manager)	Name of connected student	Student's School of Pharmacy	Details of connections to student(s) (e.g. niece, brother-in-law)

### Declarations

To comply with the legislation governing the five-year integrated pharmacy programme (SI 377 of 2014), a number of declarations by the owner\* of the training establishment are required. To comply with this legislation, APPEL asks that the owner(s) of the training establishment self-declare each of the following statements to be true:

\*Where the owner is a corporate body OR is not readily identifiable as an individual or a group of individuals, the manager/supervisor at the site of the training establishment may make these declarations on behalf of the owner.

- i. The owner(s) of the training establishment has/have not, within the past two years, been convicted of any offence, not being an offence tried on indictment, under the Act or under the Misuse of Drugs Acts 1977 to 2006, the Irish Medicines Board Acts 1995 and 2006, the Poisons Acts 1961 and 1977, the Animal Remedies Acts 1993 and 2006 or the European Communities (Animal Remedies) Regulations (No. 2) Regulations 2007 (SI 786 of 2007), and
- ii. The owner(s) of the training establishment has/have not, within the past four years, been convicted of any offence tried on indictment.



**APPEL**

An Chleamhnacht um Fhoghlaim ó  
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In cases where the training establishment owner **is also a registered pharmacist or pharmacy owner**, the following additional declarations apply:

- iii. The owner(s) of the training establishment is/are not currently the subject of any disciplinary sanction with regards to the registration of the pharmacist or the retail pharmacy business (if applicable).
- iv. The owner(s) of the training establishment has/have not currently been required to provide an undertaking or consent to undertake to attend specified educational courses, training or other means of improving his or her competence to practice or to carry on a retail pharmacy business (if applicable).

**By signing this document, the owner of the training establishment,**

**OR the manager/supervisor, on behalf of the owner,**

**declares, that to their best knowledge, all of the above is true and that they will inform APPEL of any changes in these circumstances during the training establishment accreditation period.**

Signed:

\_\_\_\_\_

Name: \_\_\_\_\_

Role: \_\_\_\_\_

Date: \_\_\_\_\_

SAMPLE