

APPEL Trainer Declarations Form

Name: _____

PSI registration number: _____

Contact email address: _____

Training Establishment name: _____

Address Line 1: _____

Address Line 2: _____

Address Line 3: _____

Training Declaration

I agree that I have undertaken/will undertake the necessary training and education programmes, as set down by APPEL, for me to discharge my role as an APPEL-accredited Trainer.

Connections declaration

APPEL requires that the Trainer declares any of the following 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)

Name of connected student	Student's School of Pharmacy	Details of connections to students (aunt, brother-in-law etc.)

Legal Declarations

To meet the legal and governance requirements of the five-year integrated pharmacy programme, a number of declarations need to be made by Trainer pharmacists. To comply with this legislation, APPEL asks that any pharmacist applying to become a Trainer self-declares each of the following statements to be true:

- i. I am in good standing with the PSI:
 - I have not, within the past two years, been convicted of an offence tried on indictment under the Pharmacy Act, the Misuse of Drugs Act, the Irish Medicines Board Acts, the Poisons Acts and the Animal Remedies Acts or the European Communities (Animal Remedies) Regulations).



APPEL

An Chleamhnacht um Fhoghlaim e | Abiliation for Pharmacy Practice Experiential Learning
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ops@appel.ie

- I am not the subject of any current disciplinary sanction with regards to my registration as a pharmacist.
 - I am not currently required to provide an undertaking or consent to attend specified educational courses, training or other means of improving my competence to practice as a pharmacist.
- ii. I have not, within the past four years, been convicted of any offence tried on indictment.

By signing this document, the Trainer declares all of the above to be true and that they will inform APPEL of any changes in these circumstances during their accreditation as an APPEL Trainer.

Signature of Trainer:

Name: _____

Date: _____

SAMPLE