

**Pharmacist Membership Application Form**

This application form is ONLY for use by registered pharmacists in substantive employment with a contracted clinical commitment to Critical Care. Applicants must be in good standing with the General Pharmaceutical Council.

Applicants must hold one of the following qualifications:

(a) have satisfactorily completed UKCPA Assessment to a minimum of Foundation level; or

(b) have successfully completed the Royal Pharmaceutical Society Faculty assessment to at least AS1 Level (with Critical Care as the primary clinical specialty); or

(c)havecompleted Foundation-Level critical care pharmacy training programme (e.g. Midlands or Sheffield-based Critical Care Pharmacy Foundation-Level packages (or equivalent); or

(d) have completed a Critical Care MSc (e.g. Cardiff or Belfast University); or

(e) have completed a documented Foundation-level critical care pharmacy (or higher) assessment undertaken by an accredited (UKCPA or RPS Faculty member) advanced or consultant-level critical care pharmacist; or

(f) have completed clinical pharmacy diploma with a significant (~3 months; ~10 credits) critical care component (e.g. University of Cardiff); or

(g) three or more years of continuous critical care pharmacy practice (1 WTE pro-rata)

**The application form must be submitted electronically.** Please complete in full using the electronic version of the document. Do not alter the format. **Submit the form** **to** contact@ficm.ac.uk. The submission will be acknowledged by return email. Hard copies will **not** be accepted.

**Please read the guidelines in this form carefully** and note the supporting documentation required for your application to be considered. Where supporting documents are needed from a referee, please ensure that these are *scanned* versions of signed letters.

**Part 1: Personal Details**

1.1 Title 1.2 Last name 1.3 First name(s)

1.4 Full address (you **must** include postcode) 1.5 Telephone number (*Home*)

1.6 Telephone number (*Work*)

 1.7 Telephone number (*Mobile*)

1.8 Gender 1.9 Date of birth (*DD/MM/YYYY*) 1.10 Email address

1.11 GPhC Registration Number 1.12 Expiry date

**Part 2: Qualifications or Assessments**

2.1 Primary Qualification or Assessment *(please tick all applicable qualifications/assessments)*

**[ ]** UKCPA (Foundation or Advanced or Consultant level.)

Level of assessment Date of Assessment

**[ ]** Royal Pharmaceutical Society (with critical care as primary clinical specialty.)

Level of assessment (AS1/ASII/Fellow) Date of Assessment

**[ ]** Foundation-Level critical care pharmacy training programme

Name of Foundation-Level training programme Date package completed and signed off

**[ ]** Critical Care MSc

Awarding body Date of award

**[ ]** Clinical pharmacy diploma with a significant (~3 months; ~10 credits) critical care component

Awarding body Date of award

**[ ]** Three of more years of continuous critical care pharmacy practice (1 WTE pro-rata)

Date commenced WTE%

**[ ]**  Documented Foundation-Level critical care pharmacy assessment (or higher) undertaken by an accredited (UKCPA or RPS Faculty member) advanced or consultant-level critical care pharmacist (Please provide name of Assessor)

Name of assessor Date of Assessment

**Part 3: Application Information**

 3.1 Details of your post in the United Kingdom 3.2 WTE devoted to critical care

 including your full work address

Full Job Title

Full Work

Address

**Part 4: Supporting Evidence**

All applications must be accompanied with the following pieces of supporting evidence.

* Signed Clinical Director Certificate (see *Appendix A*) from the trust in which you are currently employed. This may be the same trust as where you were trained.
* Abbreviated CV (no more than 2 sides of A4).

**Part 5: Applicant’s Declaration**

**I wish to have my application for Pharmacist Membership of the Faculty of Intensive Care Medicine considered by the Board of the Faculty of Intensive Care Medicine.**

**I have enclosed all documentation as detailed in Part 4 of the Application Form.**

**I agree that the Board of the Faculty of Intensive Care Medicine may seek any further information that it considers is relevant to my application, and that my personal details may be made available to a third party(ies), as required, for the purposes of considering my application.**

**I understand that before an assessment of my application can proceed, the requisite supporting evidence must have been received by the Board.**

**I confirm that, to the best of my knowledge, all of the information that I have provided in this application represents a true and accurate statement. I understand that any serious misrepresentation or false information supplied with the intention to mislead is a probity issue that may be reported.**

**I agree that the information provided by me may be processed, in accordance with the General Data Protection Regulation (GDPR), for legitimate purposes connected with my application.**

**Data Protection Statement**

The Faculty of Intensive Care Medicine is part of the Royal College of Anaesthetists. The linked [Data Collection Policy](https://www.ficm.ac.uk/data-protection-policy) applies to all personal data handled by the College, including its Faculties. The FICM relies on legitimate interests as the lawful basis for processing of personal data. We process and maintain personal data about you so that we can manage your membership, provide you with appropriate products and services and share information with you about FICM activities.

We will only use your information for the purposes as described and will not pass on your details to other third parties unless you have given us consent to do so.

We use appropriate organisational and technical measures to ensure that your data are secure and protected from loss, misuse and unauthorised access or alteration.

You have the right to ask for a copy of the information we hold about you and to have any inaccuracies in your information corrected. If you have any questions about data protection or require further information, please email contact@ficm.ac.uk

5.1 Name of applicant 5.2 Signature of applicant**\***

 5.3 Date declaration signed (*DD/MM/YYYY*)

\* *Signature:* Please either include an electronic signature or print this page out, sign it in hard copy and scan it for submission electronically.

 **Appendix A: Clinical Supervisor Certificate**

**This certificate must be completed and signed by the Clinical Supervisor of the applicant who supervised their period of training. This certificate is to confirm the applicant’s training status.**

 I (Clinical Supervisor)

 of (work address)

 verify that (name of applicant)

 is a substantive Pharmacist with contracted clinical commitments to Critical Care.

Signature\* Date (*DD/MM/YYYY*)

**Details of Clinical Supervisor in case further information is required:**

Email address (es):

Telephone number(s):

\* Signature: Please either include an electronic signature or print this page out, sign it in hard copy and scan it for submission electronically.

**Appendix B: Faculty Regulations – Pharmacist Membership**

Excerpted from the *Regulations of the Faculty of Intensive Care Medicine:*

**13           Pharmacist Membership**

13.1        The applicant must:

1. be a registered pharmacist in substantive employment in the NHS with a contracted clinical commitment to Critical Care.
2. have satisfactorily completed such a period of training or its equivalent (supplemented by a personal portfolio) as may from time to time be prescribed by the Faculty;
3. be a fit and proper person and be in good standing with the General Pharmaceutical Council;
4. have otherwise satisfied the Faculty as to their suitability by the submission of appropriate paperwork relating to the form of application as specified by the Faculty assessors.

13.2 The application will be reviewed by the Faculty and, if approved, a certificate of Pharmacist Membership will be sent to the applicant.

13.3 Pharmacist Membership does not confer any eligibility to be listed on any United Kingdom formal register.

13.4 Rights and privileges for Pharmacist Membership include the following:

1. the description ‘Pharmacist Member of the Faculty of Intensive Care Medicine’;
2. to be appointed to Committees, Working Parties and other groups of the Faculty;
3. to use the facilities of the RCoA buildings;
4. to attend available Faculty events;
5. to receive any publications and e-publications of the Faculty.