

PSI – IRL4 - STATUTORY DECLARATION FORM



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Statutory Declaration

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

_____ *(here insert the name of the applicant)*

TO HAVE THEIR APPLICATION FOR REGISTRATION AS A PHARMACIST CONSIDERED FOR PRACTICE IN THE
STATE

I, _____ of _____
(here insert name of applicant) *(here insert your usual residential address)*

do solemnly and sincerely declare as follows:

1. I _____, am one and the same person as the
(here insert your name)
applicant in the Form of Application for registration as a pharmacist to which this declaration relates.
2. 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.
3. 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.
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 (or evidence that I have passed the Professional Registration Examination, which accompanies my application form, is a true copy of the original which is itself authentic.
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

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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 practising any profession or occupation which mainly consists of the provision of health (including animal health) or social care services in Ireland or any country.
12. I am not an undischarged bankrupt, according to the laws of Ireland or any other country.
13. 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.
14. 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.
15. 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.

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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 _____
(here insert name of the person(applicant) swearing the declaration in capitals)

who is personally known to me **or** who was identified to me by _____
(here insert name of identifying person)

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 _____

(here insert address at which declaration was sworn)

in the County/City of _____

This _____ day of _____ 2009

Signature of Applicant

Signature of person authorized to take declaration