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Application Form

**Pharmacy Owner Member of the PSI Disciplinary Committees**

We are seeking expressions of interest from registered pharmacists who are pharmacy owners[[1]](#footnote-2) for membership of one of the three PSI Disciplinary Committees, which are:

1. **The Preliminary Proceedings Committee (PPC):** This Committee reviews complaints at the screening stage in the complaints process and advises the Council of the PSI as to whether there is sufficient cause to warrant further action in relation to a complaint;
2. **The Professional Conduct Committee (PCC):** This Committee hears complaints which have been referred for inquiry, primarily on grounds of professional misconduct and poor professional performance. Hearings before this Committee are usually heard in public;
3. **The Health Committee:** This Committee hears complaints which have been referred for inquiry, usually on the grounds of inability to practise due to health impairment. Hearings before this Committee are usually heard in private.

If you are interested in applying, please consider the competencies required (listed below), review the information booklet (available on the [PSI website](https://www.psi.ie/news)) to determine your eligibility to apply and complete this application form. Please return your completed application form to [eoi@psi.ie](mailto:eoi@psi.ie) no later than 22 May 2025

Application forms received after the deadline will not be accepted.

**Core Competencies Required of Members of the PSI Disciplinary Committees**

* A clear understanding of, and commitment to public interest and public protection.
* A proven ability to work collaboratively and constructively with others.
* Understanding of, or interest in, regulatory/legislative environments or frameworks.
* Ability to absorb and analyse information critically and use effective judgement to make fair and reasoned decisions.
* Ability to communicate effectively, and good interpersonal skills.
* Understands, and values equality, diversity, and inclusion.

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| **Please fill in all fields** | | | | |
| Title: | Surname: | | | Forename: |
| PSI Registration Number: | |  | | |
| Please also indicate which of the following apply to you;  (a) a shareholder in a corporate body which carries on a registered retail pharmacy business  (b) a sole trader of a registered retail pharmacy business  (c) a director of a corporate body which carries on a registered retail pharmacy business. | | | | |
| Please provide the registration number(s) of the pharmacy/pharmacies for which you are the pharmacy owner | | | | |
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| Address: | | | | |
| Phone: | | | Email: | |
| Country of Residence: | | | | |
| Have you previously sat on any of the PSI Disciplinary Committees? If so, please indicate which Committee and the duration of your term: | | | | |
| Which Committee are you expressing an interest in?  Indicate your choice by checking the boxes below.  ***Please note the following before making your choice:***   1. ***You can apply for more than one Committee but can only be appointed to one.*** 2. ***The maximum term on which a person may sit on a Disciplinary Committee is eight years. Therefore, if you have previously sat on a Disciplinary Committee for eight years, you are not eligible to apply.*** 3. ***If you have previously sat on a Disciplinary Committee but have not exceeded a term of eight years, you may be eligible for appointment for a further term.***  * Preliminary Proceedings Committee * Professional Conduct Committee * Health Committee | | | | |
| **Are you a member of any other Committee in PSI? Please answer Yes or No. (If yes, please provide details of membership including any relevant dates of appointment).** | | | | |
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| **Have you ever worked with, or been appointed to any other decision-making role (any role where you supported the work of PSI which led to a decision) within the PSI? Please answer Yes or No. (If yes please provide details of appointment and work carried out including relevant dates).** | | | | |
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The following section asks you to provide an outline of how you meet the skills, competencies and experience necessary to carry out the duties of a Disciplinary Committee member.

**Please complete each question in 250 words or less.**

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| 1. **Public Interest: Please state how you have demonstrated the importance of upholding public interest or where you have contributed to public accountability.** | |
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| 1. **Working Collaboratively: Please state how you have demonstrated an ability to work collaboratively and constructively with others.** | |
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| 1. **Regulatory/legislative environments or frameworks: Please state how you have demonstrated an understanding of regulatory/legislative environments or frameworks.** | |
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| 1. **Critical Analysis: Please give a brief example of how you have managed to absorb and analyse large amounts of information.** | |
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| 1. **Authority and Communication Skills: Please provide an example which illustrates your ability to engage a range of stakeholders.** | |
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| 1. **Understands and values diversity: Please give an example of when you have demonstrated a commitment to equality, diversity, and inclusion; impartiality and fair treatment.** | |
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**ADDITIONAL INFORMATION**

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| **Additional Information: Is there any other information/ skill that you feel is relevant to your application?** |
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**DECLARATION**

I hereby certify and declare that

1. All of the information that I have provided on this application has been honestly and accurately articulated to the best of my knowledge and belief.
2. I do not know, or am not aware, of any conflict or potential conflict of interest, which would prevent my appointment to a PSI Disciplinary Committee.
3. I am aware of the commitment as set out in the Information Booklet, in particular the time commitment, and I give my understanding that, if appointed, I will make myself available to attend meetings and hearings if invited to do so.

Name of Applicant: (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* Please ensure that you have provided all of the information requested,
* Please enclose or send a copy of your CV with your completed application form.
* Any candidate found to have given false information or to have wilfully suppressed any material fact will be liable to disqualification or, if appointed, to removal from office.

Please note that all personal data shall be treated as confidential in accordance with the [PSI Data Protection Statement](https://www.psi.ie/data-protection-statement)

1. A director of or a shareholder in a corporate body which carries on a retail pharmacy business [↑](#footnote-ref-2)