

Consultant Pharmacist Individual Credentialing Application Form

- Complete **all** sections of the form in **full** since failure to do so will invalidate this document
- Upload this form to the submission area in the e-portfolio (instructions on how to do this are in the [e-portfolio guidance document](#)).
- To cross a box, click on the box using your mouse
- The collation of protected characteristics data is for the tracking of differential attainment only. These data will not be shared with any individuals involved in the assessment process. Only the candidate's name is shared with those reviewing the final portfolio in the interest of identifying potential conflicts of interest.

1	Your personal details
1.1	Full name:
1.2	Date of birth:
1.3	Telephone: Email:
1.4	First line of address: Second line of address: Town/City: County: Postcode:

2	Sector of practice
2.1	What is your area of clinical practice?
2.2	What is your sector (s) of practice? Community <input type="checkbox"/> Primary care <input type="checkbox"/> Secondary care <input type="checkbox"/> Other <input type="checkbox"/> If other, please specify:

3	Demographics <i>Please note that the data from this section will be used for the sole purpose of tracking differential performance. N</i>
3.1	What is your sex? Female <input type="checkbox"/> Male <input type="checkbox"/> Prefer not to say <input type="checkbox"/>

3.2	<p>Is your gender identity the same as the sex you were assigned at birth?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/></p>
3.3	<p>What is your ethnicity?</p> <p>White</p> <ul style="list-style-type: none"> • English / Welsh / Scottish / Northern Irish / British <input type="checkbox"/> • Irish <input type="checkbox"/> • Gypsy or Irish Traveller <input type="checkbox"/> • Any other White background <input type="checkbox"/> <p>Mixed / Multiple ethnic groups</p> <ul style="list-style-type: none"> • White and Black Caribbean <input type="checkbox"/> • White and Black African <input type="checkbox"/> • White and Asian <input type="checkbox"/> • Any other Mixed / Multiple ethnic background <input type="checkbox"/> <p>Asian / Asian British</p> <ul style="list-style-type: none"> • Indian <input type="checkbox"/> • Pakistani <input type="checkbox"/> • Bangladeshi <input type="checkbox"/> • Chinese <input type="checkbox"/> • Any other Asian background <input type="checkbox"/> <p>Black / African / Caribbean / Black British</p> <ul style="list-style-type: none"> • African <input type="checkbox"/> • Caribbean <input type="checkbox"/> • Any other Black / African / Caribbean background <input type="checkbox"/> <p>Other ethnic group</p> <ul style="list-style-type: none"> • Arab <input type="checkbox"/> <p>Any other ethnic group <input type="checkbox"/> Prefer not to say <input type="checkbox"/></p>

4	<p>Disability</p> <p><i>A disabled person is defined in the Disability Discrimination Act as someone with a physical or mental impairment that has a substantial and long-term impact on their ability to carry out day to day activities.</i></p>
4.1	<p>Do you consider yourself to have a disability?</p>

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	Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/> If yes, please state your disability here:
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5	RPS membership <i>Please note that the data from this section is for internal processing only and this information will not be known or seen but the reviewers of the consultant pharmacist competency committee.</i>
5.1	Are you an RPS member? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state your membership number:

I have read and agree to the [assessment regulations](#) and [privacy policy](#)

Signature / Print name

Date