REQUIREMENTS FOR AN APPROPRIATE OFFICIAL

The counter signatory must be a professional person of some standing in the community (See A,11).

Staple Certified

Photo Here

Further detail
• They must have known you for at least 2 years
• They must be resident in the UK
• They must not be related to you by birth or marriage
• They should not be living at the same address or be in a personal relationship with you
• They must certify on the reverse side the following handwritten declaration *'I certify that this is a true and accurate likeness of (trainee's name)'*, it must also be **signed and dated** by the appropriate official.

THE PHOTOGRAPH

The same parameters which are required for a photograph presented in a passport apply to this application. The photograph must:

• be the size of a standard passport photo
• have a plain cream of light grey background
• be in colour
• be printed on plain white photographic paper
• <u>not</u> be torn, creased or marked
• <u>not</u> be trimmed or cut down from a larger photo

YOUR PICTURE IN PHOTOGRAPH MUST:

• be of you <u>alone</u> facing forward
• be a close up of your head and shoulders
• be a clearly defined image
• be taken in the last 4 weeks
• show you with a neutral expression
• be taken with your eyes open and clearly visible
• be taken without sunglasses or tinted glasses
• be free from reflection/glare on spectacles
• show your full head, with no covering of the face by hair etc

TO BE COMPLETED BY THE PROFESSIONAL PERSON SIGNING THE PHOTOGRAPH (BLOCK CAPITALS ONLY)

SURNAME

FIRST NAME(S)

ADDRESS

POSTCODE

TELEPHONE NUMBER

EMAIL ADDRESS

PROFESSION
(inc professional registration number if applicable)

By countersigning this photograph I agree that the Pharmaceutical Society NI may contact me to verify that the information provided is correct.
I declare that I have signed the photograph enclosed with this application form and that I have known the applicant (insert trainee name) _____ for a period of _____ years and that the information I have provided is correct.

SIGNED

DATE

PRINT NAME