

# Professional Indemnity and Legal Defence Insurance

for Locum, Hospital, Primary Care Pharmacist, Pharmacy Technician,  
Pre Registration Trainee/Student Pharmacist and Dispensary Assistant

## Application Form



## Important Information

Please read the Important Notice, the Key Facts document and About Our Insurance Services before completing this application form.

The cover will not start until we have accepted this application. We reserve the right to refuse acceptance of any application for insurance. No liability is undertaken by us in connection with this application until cover has been issued with our authority.

By completing this application, you consent to accept the policy terms and conditions. A copy of the Policy Document is available on request. You also agree that you have read the following documents: Key Facts and About Our Insurance Services.

## General Questions

Please use **Block Capitals**

Full Name of Proposer: Mr/Mrs/Miss/Ms/Dr
Postal Address: ..... ..... .....
Postcode:
Home Telephone No:
Mobile Phone No:
Email Address:
Date of Birth:
GPhC Registration No. (except Dispensary Assistant):
Date Registered with GPhC:
Qualifications: ..... ..... ..... .....
University Attended: ..... .....

**Please indicate which of the following activities you are involved in:-**

(Please see separate sheet for definitions)

- Locum Pharmacist
- Hospital Pharmacist
- Hospital Pharmacist with Locum extension
- Primary Care Pharmacist

As a pharmacist, do you require cover for Independent Prescribing?  Yes  No

As a pharmacist, do you require cover for Phlebotomy?  Yes  No

- Pre Registration Trainee and Student Pharmacist
- Pharmacy Technician
- Primary Care Specialist
- Industry Technician
- Management Technician
- Locum Technician
- Education & Training Technician
- Military Technician
- Regulatory Technician
- Dispensary Assistant
- Other Please specify

Are there any claims or prosecutions currently being made against you alleging negligent act, error or omission, which may genuinely and reasonably be expected to result in a claim?  Yes  No

Are you aware of any circumstances which have already occurred which might genuinely and reasonably be expected to result in a claim or give rise to your involvement in a legal dispute?  Yes  No

Have you ever been involved in a malpractice liability, professional indemnity or public liability claim in the past?  Yes  No

Are you currently or have you ever in the past, been subject to any investigation or disciplinary procedures by any professional regulatory bodies?  Yes  No

Are you ever engaged in extended or 'new' role activities under the supervision of a pharmacist (including PACT analysis, formulary development prescribing analysis, clinic administration or non-dispensing services)?  Yes  No

Have you had similar insurance previously?

Yes  No

If yes please provide details of Company and policy number:-

Have you ever been refused similar insurance, been quoted increased premiums or had special conditions imposed?

Yes  No

Have you ever been or do you have reason to expect to be:-

a. Bankrupt, insolvent or subject of a CCJ

Yes  No

b. Director of a liquidated Company

Yes  No

c. Been convicted of or charged (but not yet tried) with a criminal offence

Yes  No

d. Prosecuted for Health and Safety offences

Yes  No

If you have answered Yes to any of these questions please provide details

Date you wish Insurance to commence

### Important Notice

Before you sign the following declaration, please make sure that you have answered all the questions relating to the cover you require and not deliberately ignored information. It is essential that you disclose accurately all facts which could influence acceptance of this application or terms to be applied. If you are not sure whether to include certain information, please do so anyway. If you do not tell us something relevant, your insurance may not be valid.

### Declaration

I declare that to the best of my knowledge and belief, the information provided which I have read and checked is true, accurate and complete. I am willing to accept the terms and conditions of NPA Insurance Ltd policy and I undertake to pay the premium when called to do so.

Signed:

Date:

# Occupation Descriptions

## **Locum Pharmacist**

Full or part-time, employed or self-employed engaged in community pharmacy and/or work as a Hospital Pharmacist. All other activities including consultant pharmacy work are excluded.

## **Hospital Pharmacist**

Full or part-time employed working within a hospital. Including the sign off of patient group directives, as long as the activity is being undertaken with the full knowledge of the hospital board and is accepted as a satisfactory activity by the professional regulator.

## **Hospital with Locum extension**

Hospital Pharmacist full or part-time employed working within a hospital. Including the sign off of patient group directives, as long as the activity is being undertaken with the full knowledge of the hospital board and is accepted as a satisfactory activity by the professional regulator. Also undertaking locum work within community pharmacy, subject to a maximum of 20% of the time spent being work in community pharmacy.

## **Primary Care Pharmacist**

Full or part-time, employed or self-employed by a primary care organisation or as a self-employed Locum pharmacist engaged in community pharmacy and/or hospital pharmacy. This includes work in a GP practice, interface working with secondary care and in the primary care organisation itself.

## **Pre Registration Trainee/Student Pharmacist**

Full or part-time, employed or self-employed engaged in community pharmacy and or hospital work only. All other activities including consultant pharmacy work are excluded. If the policy holder graduates then this cover will cease and the policyholder must contact NPA Insurance to arrange the appropriate cover.

## **Pharmacy Technician**

Full or part-time employed working in either community, hospital and/or prison who hold an S/NVQ level 3 qualification or equivalent. This policy is suitable for those technicians who have been trained and undertake a final checking role in any environment.

## **Primary Care Specialist (GP Surgery & PCT) Technician**

Full or part-time employed or self-employed, including locums working within primary care pharmacy services who hold an S/NVQ level 3 qualification or equivalent.

## **Locum Technician**

Full or part-time employed or self-employed, working in either community, hospital and/or prison who hold an S/ NVQ level 3 qualification or equivalent. This policy is also suitable for Locum Technicians who have been trained and undertake a final checking role in any environment.

## **Management Technician**

Full or part-time employed or self-employed working in a management position e.g. Hospital Pharmacy management and who hold an S/NVQ level 3 qualification or equivalent.

## **Industry Technician**

Full or part-time employed or self-employed working in Manufacturing and Research and Development and who hold an S/NVQ level 3 qualification or equivalent.

## **Military Technician**

Full or part-time employed or self-employed working for the M.O.D. across the military services on UK bases and who hold an S/NVQ level 3 qualification or equivalent.

## **Regulatory Technician**

Full or part-time employed or self-employed working for GPhC or in other pharmacy regulatory functions and who hold an S/NVQ level 3 qualification or equivalent.

## **Education & Training Technician**

Full or part-time employed or self-employed who working as Assessors, Internal and/or External Assurers, Lecturers, Trainers, Mentors and who hold S/NVQ level 3 qualification or equivalent.

## **Dispensary Assistant**

Full or part-time, employed or self-employed working in either community pharmacy, hospital, and/or prison pharmacy who have attained the minimum training requirement S/NVQ level 2 or equivalent.

NPA Insurance Limited NPA Insurance Limited is authorised and regulated by the Financial Services Authority (FSA Ref. No. 202069)

Registered Office:  
Mallinson House, 40-42 St Peter's Street, St Albans, Herts AL1 3NP

[www.npainsurance.co.uk](http://www.npainsurance.co.uk)

(NPA/Individual PI/9.11)



# Payment Options Form

Please choose from the following options and return in the pre-paid envelope provided:

- I attach a cheque, payable to NPA Insurance Ltd
- I wish to pay by credit/debit card (Mastercard/VISA/Maestro/Switch)

### Details of my credit/debit card

Name on card

Card Number

Start Date   Issue Number (switch payments only)

Expiry Date   Security Number

Card Holder's Signature  Date

Policy number

Thank you  
NPA Insurance Ltd

Payment Options

# Professional Indemnity and Legal Defence Insurance

for Locum, Hospital, Primary Care Pharmacist, Pharmacy Technician,  
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## Premiums (including IPT)

Locum Pharmacist	<b>£125.00</b>
Hospital Pharmacist	<b>£80.00</b>
Hospital with Locum extension	<b>£95.00</b>
Primary Care Pharmacist	<b>£160.00</b>
Pre Registration Trainee and Student Pharmacist	<b>Free</b>
Pharmacy Technician	<b>£65.00</b>
Locum Technician	<b>£75.00</b>
Primary Care Specialist (GP Surgery & PCT)	<b>£75.00</b>
Hospital Technician	<b>£75.00</b>
Prison Technician	<b>£75.00</b>
Management Technician	<b>£75.00</b>
Industry Technician	<b>£75.00</b>
Military Technician	<b>£75.00</b>
Regulatory Technician	<b>£75.00</b>
Education & Training Technician	<b>£75.00</b>
Dispensary Assistant	<b>£41.00</b>
Cover is also available for the following:	Additional Premium Payable
Phlebotomy (for Non Pharmacist Individuals who have completed a recognised course)	<b>£206.95</b>
Independent Prescribing	<b>£159.00</b>