

Application for Full Membership



Application for Full Membership

Full membership of the National Pharmacy Association (NPA) is extended only to:-

- a) a registered pharmaceutical chemist, or
- b) the executors, administrators or trustees of any such person, or
- c) a partnership, all the members of which are registered pharmaceutical chemists (or in Scotland, one or more of the partners is a pharmaceutical chemist), or
- d) a Limited Liability Partnership (LLP), or
- e) a corporate body (Limited or plc)

lawfully conducting a retail pharmacy business anywhere in the United Kingdom.

All applications are subject to the approval of the Board of Management of the National Pharmacy Association.

Please note the following:-

1. This application and/or the payment of the relevant fee or the payment of any renewal fee (as the case may be) constitutes a request to be considered for membership of the National Pharmacy Association, or a request for the then existing membership to be renewed, as the case may be. Neither membership nor the renewal of membership is automatic and is within the entire discretion of the Board of Management of the National Pharmacy Association.
2. Membership is strictly subject to the provisions of this form (including the terms overleaf, as supplemented from time to time by any additional or special terms) and the articles of association of the National Pharmacy Association (as amended from time to time). The above will be the entire terms relating to your membership of the National Pharmacy Association and no other terms will apply unless expressly agreed by the National Pharmacy Association in writing. Membership is renewable annually on the then prevailing membership terms, which terms may differ from the terms referred to above (including, without limitation, the terms overleaf). The then prevailing terms may be reviewed from time to time at www.npa.co.uk or are available on request. Before deciding whether to renew membership at any time, the applicant is strongly advised to review the then prevailing terms to confirm the basis on which membership will be renewed.
3. Save where the National Pharmacy Association otherwise expressly provides, the membership fee (or any proportion thereof) will not be refundable on the basis that the relevant member does not use all of the membership benefits conferred in respect of the class of membership enjoyed by that member.
4. A subscription must be paid for all pharmacies which a Member owns or has a controlling interest; failure to pay for any pharmacy automatically cancels all benefits for all other pharmacies under the same ownership.
5. You must declare any financial or controlling links between pharmacy proprietors, e.g. as a partner or director, any financial interest in another pharmacy or pharmacies, or in any company which owns pharmacies. The NPA reserves the right to reject any application where an interest is held in a pharmacy not in NPA Membership.
6. Your subscription must be paid promptly; benefits of membership ceases 15 days after the renewal date if the subscription remains unpaid.
7. Benefits of membership include third party and professional indemnity (insurance against dispensing errors, accidents, in the pharmacy, giving negligent advice, the costs of defending a prosecution or an unfair dismissal claim, etc). This cover is very wide-ranging and full policy details are available on request.
8. This application form is for new full membership applications to the NPA where the applicant has ten or fewer pharmacies in ownership.

NPA Health Education Foundation (Registered Charity Number: 802178).

The Foundation, funded entirely by donations, was established in 1989 to advance public education in the prevention and proper treatment of disease and ill health and the correct use of medicines.

I wish to donate £ and enclose a cheque payable to "NPA Health Education Foundation".

For a gift aid form or more information on the work of the Foundation please contact the Secretary to the Trustees on 01727 858687.

Please complete the appropriate section, A, B, C or D, then continue to Section E.

A Sole Proprietor/Business

Name in Full:	
Trading name:	
Qualification(s):	
GPhC/PSNI Registration No:	
Telephone No:	Email address:
Website address:	
Please provide details of any other retail pharmacy business in which you have a financial interest.	
.....	
.....	
.....	
.....	
.....	

B Partnership

Name in Full:

Trading Name:

Names of all Partners (in full):

Name of Partner:

Qualification(s):

GPhC/PSNI Registration No. of partner (where applicable):

Please provide details of any other pharmacy business in which you have a financial interest:

Name of Partner:

Qualification(s):

GPhC/PSNI Registration No. of partner (where applicable):

Please provide details of any other pharmacy business in which you have a financial interest:

Name of Partner:

Qualification(s):

GPhC/PSNI Registration No. of partner (where applicable):

Please provide details of any other pharmacy business in which you have a financial interest:

Name of Partner:

Qualification(s):

GPhC/PSNI Registration No. of partner (where applicable):

Please provide details of any other pharmacy business in which you have a financial interest:

C Corporate Body

Name:

Trading Name (if different):

Company Registration No.:

Registered Office Address:

Postcode:

Telephone No.:

Email address of registered Office:

Website Address:

Name of Superintendent Pharmacist:

Superintendent Pharmacist GPhC/PSNI Registration No.:

Names of all Directors:

Name of Director:

Qualification(s):

GPhC/PSNI Registration No. of Director (where applicable):

Please provide details of any other pharmacy business in which you have a financial interest:

Name of Director:

Qualification(s):

GPhC/PSNI Registration No. of Director (where applicable):

Please provide details of any other pharmacy business in which you have a financial interest:

Name of Director:

Qualification(s):

GPhC/PSNI Registration No. of Director (where applicable):

Please provide details of any other pharmacy business in which you have a financial interest:

C Corporate Body *(continued)*

Name of Director:

Qualification(s):

GPhC/PSNI Registration No. of Director (where applicable):

Please provide details of any other pharmacy business in which you have a financial interest:

D Limited Liability Partnership

Name:

Trading Name (if different):

Company Registration No:

Registered Office Address:

Telephone No:

Email address of Registered Office:

Website Address:

Name of Superintendent Pharmacist:

Superintendent Pharmacist GPhC/PSNI Registration No:

Name of all Partner(s) (in full):

Name of Partner:

Qualification(s):

GPhC/PSNI Registration No. of partner (where applicable):

Please provide details of any other pharmacy business in which you have a financial interest:

D Limited Liability Partnership *(continued)*

Name of Partner:

Qualification(s):

GPhC/PSNI Registration No. of partner (where applicable):

Please provide details of any other pharmacy business in which you have a financial interest:

Name of Partner:

Qualification(s):

GPhC/PSNI Registration No. of partner (where applicable):

Please provide details of any other pharmacy business in which you have a financial interest:

Name of Partner:

Qualification(s):

GPhC/PSNI Registration No. of partner (where applicable):

Please provide details of any other pharmacy business in which you have a financial interest:

E Schedule of Business and Trading Names

Head Pharmacy

Please provide details relative to these premises only.

Trading name:			
Address:			
Postcode:			
Telephone No.:	Email address:		
Fax No.:	Website address:		
Number of years trading at these premises:	years		
Number of staff at this address:	Full Time	Part Time	
Pharmacist			
Locum			
Technician			
Dispensary Assistant			
Counter Assistant			
Total Payroll	£	Annual Turnover	£
Average number of prescriptions dispensed each month:			
Approximate internal square footage of the premises:		sq ft (metres)	
How many consultation rooms do you have?			
Do the premises operate under a 100 hour Pharmacy Contract?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you registered as an internet/mail order/distance selling pharmacy with the professional regulator?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you undertake any of the following activities?			
A. Internet/Mail Order pharmacy services		Yes <input type="checkbox"/>	No <input type="checkbox"/>
B. Internet/Mail Order non pharmacy services		Yes <input type="checkbox"/>	No <input type="checkbox"/>
C. Non cosmetic Nail care		Yes <input type="checkbox"/>	No <input type="checkbox"/>
D. Independent Prescribing		Yes <input type="checkbox"/>	No <input type="checkbox"/>
a. Number of staff conducting			
E. Phlebotomy		Yes <input type="checkbox"/>	No <input type="checkbox"/>
a. Number of staff conducting			
Names and job title of individuals conducting C, D or E (indicating which activity/ies they undertake)			
F. Wholesaling		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If your wholesaling activity is more than 5% of your turnover figure what % of turnover is in respect of wholesaling?			%
What is your wholesaling registration number?			

Other Pharmacies

Premises 2

Please provide details relative to these premises only.

Trading name:			
Address:			
Postcode:			
Telephone No.:	Email address:		
Fax No.:	Website address:		
Number of years trading at these premises:	years		
Number of staff at this address:	Full Time	Part Time	
Pharmacist			
Locum			
Technician			
Dispensary Assistant			
Counter Assistant			
Total Payroll	£	Annual Turnover	£
Average number of prescriptions dispensed each month:			
Approximate internal square footage of the premises:		sq ft (metres)	
How many consultation rooms do you have?			
Do the premises operate under a 100 hour Pharmacy Contract?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you registered as an internet/mail order/distance selling pharmacy with the professional regulator?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you undertake any of the following activities?			
A. Internet/Mail Order pharmacy services		Yes <input type="checkbox"/>	No <input type="checkbox"/>
B. Internet/Mail Order non pharmacy services		Yes <input type="checkbox"/>	No <input type="checkbox"/>
C. Non cosmetic Nail care		Yes <input type="checkbox"/>	No <input type="checkbox"/>
D. Independent Prescribing		Yes <input type="checkbox"/>	No <input type="checkbox"/>
a. Number of staff conducting			
E. Phlebotomy		Yes <input type="checkbox"/>	No <input type="checkbox"/>
a. Number of staff conducting			
Names and job title of individuals conducting C, D or E (indicating which activity/ies they undertake)			
F. Wholesaling		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If your wholesaling activity is more than 5% of your turnover figure what % of turnover is in respect of wholesaling?			%
What is your wholesaling registration number?			

Premises 3

Please provide details relative to these premises only.

Trading name:			
Address:			
Postcode:			
Telephone No.:	Email address:		
Fax No.:	Website address:		
Number of years trading at these premises:	years		
Number of staff at this address:	Full Time	Part Time	
Pharmacist			
Locum			
Technician			
Dispensary Assistant			
Counter Assistant			
Total Payroll	£	Annual Turnover	£
Average number of prescriptions dispensed each month:			
Approximate internal square footage of the premises:		sq ft (metres)	
How many consultation rooms do you have?			
Do the premises operate under a 100 hour Pharmacy Contract?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you registered as an internet/mail order/distance selling pharmacy with the professional regulator?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you undertake any of the following activities?			
A. Internet/Mail Order pharmacy services		Yes <input type="checkbox"/>	No <input type="checkbox"/>
B. Internet/Mail Order non pharmacy services		Yes <input type="checkbox"/>	No <input type="checkbox"/>
C. Non cosmetic Nail care		Yes <input type="checkbox"/>	No <input type="checkbox"/>
D. Independent Prescribing		Yes <input type="checkbox"/>	No <input type="checkbox"/>
a. Number of staff conducting			
E. Phlebotomy		Yes <input type="checkbox"/>	No <input type="checkbox"/>
a. Number of staff conducting			
Names and job title of individuals conducting C, D or E (indicating which activity/ies they undertake)			
F. Wholesaling		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If your wholesaling activity is more than 5% of your turnover figure what % of turnover is in respect of wholesaling?			
What is your wholesaling registration number?			

Premises 4

Please provide details relative to these premises only.

Trading name:			
Address:			
Postcode:			
Telephone No.:	Email address:		
Fax No.:	Website address:		
Number of years trading at these premises:	years		
Number of staff at this address:	Full Time	Part Time	
Pharmacist			
Locum			
Technician			
Dispensary Assistant			
Counter Assistant			
Total Payroll	£	Annual Turnover	£
Average number of prescriptions dispensed each month:			
Approximate internal square footage of the premises:		sq ft (metres)	
How many consultation rooms do you have?			
Do the premises operate under a 100 hour Pharmacy Contract?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are you registered as an internet/mail order/distance selling pharmacy with the professional regulator?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you undertake any of the following activities?			
A. Internet/Mail Order pharmacy services	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
B. Internet/Mail Order non pharmacy services	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
C. Non cosmetic Nail care	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
D. Independent Prescribing	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
a. Number of staff conducting			
E. Phlebotomy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
a. Number of staff conducting			
Names and job title of individuals conducting C, D or E (indicating which activity/ies they undertake)			
F. Wholesaling	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If your wholesaling activity is more than 5% of your turnover figure what % of turnover is in respect of wholesaling?			%
What is your wholesaling registration number?			

Premises 5

Please provide details relative to these premises only.

Trading name:			
Address:			
Postcode:			
Telephone No.:	Email address:		
Fax No.:	Website address:		
Number of years trading at these premises:	years		
Number of staff at this address:	Full Time	Part Time	
Pharmacist			
Locum			
Technician			
Dispensary Assistant			
Counter Assistant			
Total Payroll	£	Annual Turnover	£
Average number of prescriptions dispensed each month:			
Approximate internal square footage of the premises:		sq ft (metres)	
How many consultation rooms do you have?			
Do the premises operate under a 100 hour Pharmacy Contract?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you registered as an internet/mail order/distance selling pharmacy with the professional regulator?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you undertake any of the following activities?			
A. Internet/Mail Order pharmacy services		Yes <input type="checkbox"/>	No <input type="checkbox"/>
B. Internet/Mail Order non pharmacy services		Yes <input type="checkbox"/>	No <input type="checkbox"/>
C. Non cosmetic Nail care		Yes <input type="checkbox"/>	No <input type="checkbox"/>
D. Independent Prescribing		Yes <input type="checkbox"/>	No <input type="checkbox"/>
a. Number of staff conducting			
E. Phlebotomy		Yes <input type="checkbox"/>	No <input type="checkbox"/>
a. Number of staff conducting			
Names and job title of individuals conducting C, D or E (indicating which activity/ies they undertake)			
F. Wholesaling		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If your wholesaling activity is more than 5% of your turnover figure what % of turnover is in respect of wholesaling?			%
What is your wholesaling registration number?			

Premises 6

Please provide details relative to these premises only.

Trading name:			
Address:			
Postcode:			
Telephone No.:	Email address:		
Fax No.:	Website address:		
Number of years trading at these premises:	years		
Number of staff at this address:	Full Time	Part Time	
Pharmacist			
Locum			
Technician			
Dispensary Assistant			
Counter Assistant			
Total Payroll	£	Annual Turnover	£
Average number of prescriptions dispensed each month:			
Approximate internal square footage of the premises:		sq ft (metres)	
How many consultation rooms do you have?			
Do the premises operate under a 100 hour Pharmacy Contract?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you registered as an internet/mail order/distance selling pharmacy with the professional regulator?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you undertake any of the following activities?			
A. Internet/Mail Order pharmacy services		Yes <input type="checkbox"/>	No <input type="checkbox"/>
B. Internet/Mail Order non pharmacy services		Yes <input type="checkbox"/>	No <input type="checkbox"/>
C. Non cosmetic Nail care		Yes <input type="checkbox"/>	No <input type="checkbox"/>
D. Independent Prescribing		Yes <input type="checkbox"/>	No <input type="checkbox"/>
a. Number of staff conducting			
E. Phlebotomy		Yes <input type="checkbox"/>	No <input type="checkbox"/>
a. Number of staff conducting			
Names and job title of individuals conducting C, D or E (indicating which activity/ies they undertake)			
F. Wholesaling		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If your wholesaling activity is more than 5% of your turnover figure what % of turnover is in respect of wholesaling?			%
What is your wholesaling registration number?			

General Questions

To be answered in respect of all Pharmacies to be included in membership.

1. Date of Opening (or takeover):
2. Are there any claims or prosecutions currently being made against you/partner/director/business alleging negligent act, error or omission which may genuinely and reasonably be expected to result in a claim? Yes No
3. Are you aware of any circumstances which have already occurred which might genuinely and reasonably be expected to result in a claim? Yes No
4. Are you aware of any circumstances which have already occurred which may give rise to your/partner/director/business involvement in a legal dispute? Yes No
- . Have you/partner/director/business ever been involved in a malpractice liability, Professional Indemnity or Public Liability claim in the past? Yes No
- . Have you/partner/director/business ever been subject to an investigation or disciplinary procedures by your professional regulatory body? Yes No
- . Has anyone connected with the ownership or management of the business been or 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. Been prosecuted for Health and Safety offences Yes No
 - e. Had an application for insurance refused, policy cancelled, renewal not invited or had special terms and conditions imposed. Yes No
8. Have you had similar insurance previously?
(Please provide details of the insurance company and policy number below): Yes No

If you have answered yes to any of the above questions, please provide details below:

Data Protection Statement

National Pharmacy Association Privacy Statement

We, being the NPA Group of companies, hold and process all personal information ("Information") in accordance with the General Data Protection Regulations 2018.

By submitting your Information (which may include sensitive personal information) to us at any time in connection with administering your membership and supporting membership services, you consent to your information being processed by us in accordance with this Privacy Statement. If your information changes or you wish to change your preferences, please inform us of the change so that we can update our records.

Members

We will use information to contact you in connection to the member services that the NPA Group provide by post, telephone, electronically and by other means for the following purposes:

to administer the relationship between you and the NPA Group, and manage business processes provided within your membership in support of this (which may include using third parties) to promote the interests of members to the public, and to offer you access to facilities such as NPA information, NPA training courses, NPA products and services and NPA insurance

We also reserve the right:

- to use your information for statistical analysis,
- to analyse your use of our website and related services using, for example, “cookies” when you access those services,
- to use your information to deliver membership services,
- to communicate new and existing resources, information, products and services available to you within your membership,
- to transfer our business assets or our rights under any Group product (which include Information) on sale or merger of the whole or part of the NPA Group. We may do this without contacting you, and
- to transfer our Information as required to obtain legal advice, comply with legal and regulatory requirements, protect our rights and property, and the safety of our employees, clients, suppliers and others.

We will also ask your consent:

- to transfer Information to other companies (“Other Companies”), with your consent, which we screen on your behalf to make sure that they are offering products or services that are likely to be of value to pharmacy businesses and professionals. In the unlikely event that you find communication from these Other Companies unwelcome, you may at any time elect not to receive such communication in future. Likewise, you may elect not to receive marketing communications from us. Should you opt out of either, you will not have to opt out again upon renewal of your membership

You must obtain consent from and show this privacy statement to anyone whose personal information you have submitted to us as part of your joining or renewal information. You have the right to request copies of the Information we hold about you. If you would like to know what information we hold about you, contact the Data Manager, NPA, Mallinson House, 38-42 St Peter's Street, St Albans, AL1 3NP.

We will charge a fee of £10 for this.

Customers and other contacts

Others who receive or provide information, products and services to/from the NPA which include, but are limited to, Contracted Customers, Associates, Students, Affiliates, Suppliers and LPCs will receive information relevant to their preferences from the NPA Group provide by post, telephone, electronically and by other means for the following purposes:

to administer the relationship between you and the NPA Group, and manage business processes you have subscribed to or contracted through the NPA Group in support of this (which may include using third parties), to provide Community Pharmacy Sector information, and to offer you access to facilities such as NPA information, NPA training courses, NPA products and services and NPA insurance. We also reserve the right:

- to analyse your use of our website and related services using, for example, “cookies” when you access those services,
- to communication new and existing resources, information, products and services available to you which you have consented to, and
- to transfer our Information as required to obtain legal advice, comply with legal and regulatory requirements, protect our rights and property, and the safety of our employees, clients, suppliers and others.

We also reserve the right:

- to analyse your use of our website and related services using, for example, “cookies” when you access those services,
- to communication new and existing resources, information, products and services available to you which you have consented to, and
- to transfer our Information as required to obtain legal advice, comply with legal and regulatory requirements, protect our rights and property, and the safety of our employees, clients, suppliers and others.

You must obtain consent from and show this privacy statement to anyone whose personal information you have submitted to us as part of your joining or renewal information. You have the right to request copies of the Information we hold about you. If you would like to know what information we hold about you, contact the Data Manager, NPA, Mallinson House, 38-42 St Peter's Street, St Albans, AL1 3NP.

We will charge a fee of £10 for this.

We will also ask your consent:

- to transfer Information to other companies ("Other Companies"), with your consent, which we screen on your behalf to make sure that they are offering products or services that are likely to be of value to pharmacy businesses and professionals. In the unlikely event that you find communication from these Other Companies unwelcome, you may at any time elect not to receive such communication in future. Likewise, you may elect not to receive marketing communications from us. Should you opt out of either, you will not have to opt out again upon renewal of your membership

The NPA Group comprises:

- The National Pharmacy Association Limited
- NPA Services Limited
- NPA Insurance Limited

The NPA Group follow a Data Protection Breach Reporting process and train its staff to recognise when a breach has occurred, to avoid Data Protection breaches and how to report to the relevant supervisory authority.

Please refer also to the NPA Cookie and Website Usage Policy, NPA Insurance privacy policy, and the NPA Data Retention Policy.

Important – Insurance Disclosure

Before you sign the following declaration, please make sure that you have answered all the questions and not deliberately omitted information. 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.

It is essential that you disclose accurately all facts which could influence the acceptance and or the terms and conditions to be applied to this insurance. If you are in any doubt as to whether a fact is considered material, you should disclose it. Should any of the information provided materially change during the period of the policy it is a condition of the policy to notify us.

Failure to disclose all material facts could invalidate your insurance or result in a claim not being paid.

REMEMBER you are responsible for the accuracy of the answers on this form. Please ensure that all questions are fully and correctly answered.

Declaration

I/We desire membership of the NPA and hereby agree to accept membership on the terms and conditions set out in the articles, present and future of the Company.

I/We agree that the answers given in this form have been carefully checked and that if any answer has been given by any other person, such person shall for the purpose be regarded as my/our agent.

I/We consent to the seeking of information from other insurers to check the answers I/We have provided, and I/We authorise the giving of such information for such purposes.

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

Signed:	Name in full:
	Position:
	Date: