



**Quality Audit Fitness to Practice 2019/20: Provider Self Declaration**

**Locally Commissioned Services**

I declare that the following fitness to practice requirements are up to date across the practice:

- Certificate of registration with the General Pharmaceutical Council
- Professional indemnity arrangements.
- Up-to-date safeguarding training (children and vulnerable adults).
- Continuing professional development.
- Public Liability Insurance.
- Completion of relevant CPPE packages as detailed in SLA.

Pharmacy:

Address:

Lead Pharmacist Signature:

Date:

Branch Manager Signature:

Date:

Comments: