

## Introduction

A 'fit and proper persons' test seeks to ensure that those in leadership positions in an organisation are suitable. It is widely adopted across multiple sectors as part of the onboarding process for new appointments to boards and management positions, with many incorporating it into annual review and confirmations.

## Our approach

We have prepared a declaration based on the NHS' new framework and mandatory declaration and can be used by all LPC members and LPC Chief Officers. Going forward, all new prospective members will be asked to complete this.

If you are confident, you do not need to disclose any information listed on the declaration, please sign and return it to us. You should advise us immediately if your circumstances change and you do not feel that the declaration still applies.

If you have any concerns about your ability to make any part of the declaration, please contact us at the earliest opportunity so that we can discuss and agree any action needed.

Completed forms will be retained by us and held securely.

## Further information

If you have any questions regarding the requirement or completing the form, please do not hesitate to contact Stephen Noble, CPBC Chief Officer or for further information from Community Pharmacy England, contact James Wood, Director of LPC and Member Support by email ([james.wood@cpe.org.uk](mailto:james.wood@cpe.org.uk))

## Declaration

I declare that I am a fit and proper person to carry out my role.

- I am of good character
- I have the qualifications which enable me to be a member of the Committee
- Where applicable, I have not been erased, removed or struck off a register of professionals maintained by a professional or regulatory body
- I am capable by reason of health of properly performing tasks which are intrinsic to the position

- Within the last five years:
  - I have not been convicted of a criminal offence in the British Islands or elsewhere (which if committed in England, Scotland or Wales would constitute a criminal offence)
  - I am not an un-discharged bankrupt, nor have I been subject to bankruptcy restrictions, or made arrangement/compositions with creditors from which I have not been discharged
  - I have not been on any 'barred' list.
- I have not been responsible for, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) while carrying on a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity.

Should my circumstances change, and I can no longer comply with the Fit and Proper Person Test (as described above), I acknowledge that it is my duty to inform the LPC Chair immediately.

**Signed:** 

**Name:** S.R. Noble

**Date:** 01/04/2025

*If you have signed the declaration but want to make any information known or clarify any points, please add them in the space below.*

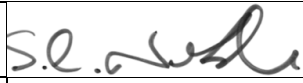
Community Pharmacy Black Country <b>Stand-alone staff confidentiality agreement</b>			
Doc prepared by: S.R. Noble.	Doc approved by:	Date next review due:	
Date prepared: 17/03/2025	Date approved:	Date review takes place:	

*About the use of this document and related resources: This agreement should be reproduced on the pharmacy's headed notepaper, photocopied and signed by each member of staff, as appropriate. One copy should be retained in the personnel file and one copy retained by the member of staff.*

*This **data security** document assists the pharmacy's alignment with the [Data Security and Protection Toolkit](#)*

### **Staff confidentiality agreement**

1. I agree not to disclose, either during or after the termination of my employment, to anyone other than in the proper course of my employment any confidential information (e.g. personal data from within the organisation).
2. I understand that breach of this agreement may lead to dismissal without notice and may result in prosecution or an action for civil damages under data protection legislation.
3. I agree to abide by the standards set out in the staff confidentiality code of conduct including maintaining good password practices.
4. I have been informed and understand that my use (including personal use) of telephone (including mobile telephone), email, voicemail, internet, and other communications may be monitored by automated software or otherwise, for business reasons, by my employer, to carry out their obligations and in order to monitor compliance with the standards set out in the staff confidentiality code of conduct.
5. I have read, understand and agree to the terms and conditions set out above. This policy sets out the procedures and management accountability and structures that have been put in place within the pharmacy to safeguard the movement of personal data in the pharmacy.
6. **If any system administration responsibilities will apply to my work immediately or later**, I will: respect the rights of the system users, respect the integrity of the systems and related physical resources, and comply with any relevant laws or regulations. I would also then have an obligation to keep myself informed of procedures, business practices, and operational guidelines pertaining to the system activities of the organisation.

Signature (electronic* or ink):	
Name (printed):	S.R. Noble
Date:	01/04/2025

\*Note: Email or alternative remote confirmation that you have read and accept this confidentiality agreement is fine. Your employer may then file the email electronically as your confirmation.