



# THE ASSOCIATION OF PHARMACY TECHNICIANS UK

## Application for Membership for Pre-Registration Trainee Pharmacy Technician

Available for a period of no longer than 2 years from the start of pre-registration training to persons undertaking the one of the GPhC approved pharmacy technician courses – available to check here <https://www.pharmacyregulation.org/education/pharmacy-technician/accredited-courses>

Your membership form will need to be countersigned by your line manager or training provider

Mr/Mrs/Miss/Ms	
Surname	
First Name(s)	
Maiden Name (if applicable)	
Date of Birth (dd/mm/yyyy)	
Full Postal Address	
Postcode	
Contact Telephone Number	
Email address	
Present place of employment/sector of pharmacy	
Pre-Registration Trainee Pharmacy Technician	<input type="radio"/> Year 1 <input type="radio"/> Year 2
Name of Training Provider	
Study start date	
Study end date	
Name and Position of Line Manager	
Signature of Line Manager or Training Provider	



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## Declarations

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Have you ever been convicted of a criminal offence in the UK or elsewhere? Yes / No

If you have answered yes please provide details:

Signed.....Dated.....

## Return the form to

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By email – scan and send the completed form to: [membership@aptuk.org](mailto:membership@aptuk.org)

By post – send the completed form to

**Membership Co-Ordinator,**

**APTUK,**

**One Victoria Square,**

**Birmingham. B1 1BD**