Undergraduate Pharmacy Work Experience Application Form

|  |
| --- |
| Title:  |
| Surname:  | Forename (s):  |

Home address/address for correspondence

outside term time: Address during term time:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Tel no: E-mail:  |  | Tel no:E-mail:  |

Address to be used for correspondence during summer vacation period: (if known)

|  |
| --- |
|  |

|  |
| --- |
| Have you any unspent criminal convictions or bind-overs, or any cautions, warnings or reprimands? If yes, please give details: |

|  |
| --- |
| Have you at any time received or had pending a criminal conviction, caution, warning, reprimand or bind-over? If yes, please give details: |

|  |
| --- |
| Does your name appear on the Protection of Children Act List?  |

|  |
| --- |
| Does your name appear on the Protection of Vulnerable Adults List?  |

|  |
| --- |
| If you are a disabled candidate, and wish to be interviewed under the guaranteed interview scheme (GIS), please confirm here?  |

|  |
| --- |
| A Level passes (or equivalent) with grades: |

|  |  |
| --- | --- |
| School of Pharmacy: | Current year of course:  |

REFERENCES

|  |  |
| --- | --- |
| Name of Academic referee:Referee position:Address:Tel no: E-mail: | Name of non academic referee:Referee position: Address:Tel no: E-mail: |

|  |
| --- |
| Previous work experience:  |
| Dates | Job title | Brief summary of role and responsibilities |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| Give an outline of what you would hope to achieve from your placement. Split your answer into a) experience/knowledge and b) your skills/abilities.a) Experience and knowledgeb) Skills and abilities |

|  |
| --- |
| Please provide a brief statement in support of your application, stating the reasons for yourinterest in working in hospital pharmacy and your chosen hospital: |

|  |
| --- |
| What are your main interests outside work: |

Give **one example** where you have demonstrated some of the skills that would be essential for a pre-registration pharmacist

I agree that the information provided on this application is accurate

Name

Signature

Date

Please return this form to ABBAS ALIDINA (abbas.alidina@nhs.net)

by the final deadline of 31/01/20.

When submitting please ensure the subject of your email is clearly titled

i.e. “Summer Student Application – YOUR NAME”