Guy’s and St. Thomas’ Hospital NHS Foundation Trust

Summer Student Vacation Experience

Application Form

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| 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)

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

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

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

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

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

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

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| --- | --- |
| 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: |

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| --- | --- | --- |
| Previous work experience: | | |
| Dates | Job title | Brief summary of role and responsibilities |
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| Please answer the following questions to support your application:  1. Give an example of a situation where you demonstrated an ability to work under pressure (200 words)  2. Give an example of when you demonstrated working under your own initiative and as part of a team (200 words)  3) Give an example of your commitment to continual professional development (200 words) |

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| Please provide a brief statement in support of your application, stating the reasons for your  interest in working at GSTT (200 words): |

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| What are your main interests outside work? (100 words) |

Do you have a full driving licence? (for potential travel to offsite visits)

I agree that the information provided on this application is accurate

Name

Signature

Date

Please return this form to Chris Eaton (chris.eaton@gstt.nhs.uk) from Monday 1st February to Friday 12th February 2021. When submitting please ensure the subject of your email is clearly titled i.e. “Summer Student Scheme – YOUR NAME”

DEADLINE FOR APPLICATIONS IS Friday 12th February 2021