Summer Student Vacation 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 |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| Please list any additional information that you feel is relevant to support your application. Give an outline of what you would hope to achieve from your placement. Split your answer into a) experience/knowledge then your skills/abilities.  a) Experience and knowledge  b) Skills and abilities |

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

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

I agree that the information provided on this application is accurate

Name

Signature

Date

Please return this form to William.swain3@nhs.net by 29/1/21. When submitting please ensure the subject of your email is clearly titled i.e. “Summer Student Scheme – YOUR NAME”

DEADLINE FOR APPLICATIONS IS 29/1/21