# Pharmacy Summer Placement Application Form

## Section 1 – Personal Details:

|  |  |
| --- | --- |
| Title: |  |
| Surname: |  |
| First Name: |  |
| Address: |  |
| Postcode: |  |
| Telephone Number (Home): |  |
| Telephone Number (Mobile): |  |
| Email: |  |

## Section 2 – Placement Preferences:

Please consider for each of our sites below whether you will be able to travel to them for the duration of the placement and indicate your preference(s) for any sites that you select.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Site | St. ThomasHospital | Guy’sHospital | Royal BromptonHospital | HarefieldHospital |
| Address | WestminsterBridge RoadLondonSE17EH | Great Maze PondLondonSE1 9RT | Sydney StreetLondonSW3 6NP | Hill End RoadHarefieldUB9 6JH |
| Able to Travel to Site (Yes/No) |  |  |  |  |
| Preferences(Rank 1 to 4) |  |  |  |  |

Please indicate your availability for the proposed placement dates below in June, July and August. Note placements are planned for a 4 week duration.

|  |  |  |  |
| --- | --- | --- | --- |
| Placement Date | JuneW/C 6th June | JulyW/C 4th July | AugustW/C 1st August |
| Availability(Yes/No) |  |  |  |
| Preferences(Rank 1 to 3) |  |  |  |

## Section 3 – School and Education:

|  |  |
| --- | --- |
| Name of University: |  |
| University Address: |  |
| University Postcode: |  |
| Telephone Number: |  |
| Year of MPharm: |  |
| GCSE or Equivalent Grades: |  |
| A-Level or Equivalent Grades: |  |
| Degree or Equivalent Grades:  |  |

## Section 4 – Present or Most Recent Employment:

|  |  |
| --- | --- |
| Employers Name: |  |
| Employers Address: |  |
| Telephone (Optional): |  |
| Start Date: |  |
| End Date (If Applicable): |  |
| Post Held and Main Duties: |  |
|  |

Employment prior to the above and starting with the most recent past employer. Please provide the following information for each past employment: employer’s name, dates from/to, post held, main duties and reason for leaving.

|  |
| --- |
| Previous Employment 1: |
| Previous Employment 2: |
| Previous Employment 3: |

## Section 5 – Supporting Statement:

Please give details that you feel may support your application, including details of what you hope to achieve through undertaking this work experience (maximum of 300 words).

|  |
| --- |
| Supporting Statement:  |
|  |

## Section 6 – References:

Please provide details of the two people you have provided references from. We reserve the right to contact them to check the references you have provided.

### Reference 1:

|  |
| --- |
| Name and Surname: |
| Position: |
| Address: |
| Telephone: |
| Email: |

### Reference 2:

|  |
| --- |
| Name and Surname: |
| Position: |
| Address: |
| Telephone: |
| Email: |

## Section 7 – Declaration:

### Declaration:

I declare that the information given on this form is true and complete. I understand that any false information may result in the withdrawal of any offer of a voluntary role or my dismissal if accepted as a volunteer.

### Data Transfer Notice:

I understand that the information I have entered will be sent via email to the pharmacy and/or human resources team. I am happy for the team to contact me by email or phone.

|  |  |  |
| --- | --- | --- |
| Name: | Signed: | Date: |
|  |  |  |

**Please return this form to Christopher Eaton (****chris.eaton@gstt.nhs.uk****) from Monday 3rd January 2022 to Friday 14th January 2022. When submitting please ensure the subject of your email is clearly titled as “Summer Student Scheme – YOUR NAME”.**

**Deadline for Applications is Friday 14th January 2022**