Royal Surrey NHS Foundation Trust

Summer Student Vacation Experience 2023

Application Form

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

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| Home address/address for correspondence outside term time: |  | Address during term time: |
| Tel no: E-mail:  |  | Tel no:E-mail:  |

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

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| Do you have you any unspent criminal convictions or bind-overs, any cautions, warnings or reprimands?  YES / NO \*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?  YES / NO \*If yes, please give details: |

\* delete as appropriate

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| Does your name appear on the Protection of Children Act List? YES / NO \* |

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| Does your name appear on the Protection of Vulnerable Adults List? YES / NO \* |

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| If you believe to have a disability, do you wish to be interviewed under the Guaranteed Interview Scheme (GIS), please confirm here? YES / NO \*If yes, please give details: |

\* delete as appropriate

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| Please state A Level / equivalent passes (subject and grades) |

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

**REFERENCES**

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| Name of **Academic** referee:Referee position:Referee’s relationship to you:Address:Tel no: E-mail: |
| Name of **non-academic** referee:Referee position: Referee’s relationship to you:Address:Tel no: E-mail: |

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| Previous work experience: Please provide brief details of your most recent and relevant work or volunteer experience here. |
| Dates | Job title | Employing Organisation | Brief summary of role and responsibilities (**max** **1000 character limit)** |
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| 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 experience/knowledge and your skills/abilities.a) Experience and knowledge (2000 character limit)b) Skills and abilities (2000 character limit) |

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| Please provide a brief statement in support of your application, stating the reasons for your interest in working in hospital pharmacy and in Royal Surrey NHS Foundation Trust (2000 character limit): |

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| What are your main interests outside work (1000 character limit): |

Do you have a full driving licence?

YES / NO \*

I agree that the information provided on this application is accurate

Name

Signature

Date

Thank you for your application

Please return this form to the Pharmacy Department at Royal Surrey NHS Foundation Trust at rsch.pharmacyeducation@nhs.net

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

 “Summer Student Vacation Experience – your Surname, your Name”

DEADLINE FOR APPLICATIONS IS: 3rd February 2023

*Please note that applications received after this date will not be considered.*