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:

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

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

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Note the duration of the placement is 6 weeks. Are you able to commit to 6 weeks starting from 01/06/2023?

 [ ]  Yes

 [ ]  No

If you answered no, please specify why?

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| Have you any unspent criminal convictions or bind-overs, or 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: |

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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 are a disabled candidate, and wish to be interviewed under the guaranteed interview scheme (GIS), please confirm here?  [ ]  Yes [ ]  No  |

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| 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: |

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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 UCLH (max 200 words): |

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

I agree that the information provided on this application is accurate

Name

Signature

Date

Please return this form to uclh.enquiry.pharmacy.summerstudents@nhs.net. When submitting please ensure the subject of your email is clearly titled i.e. “Summer Student Scheme – YOUR NAME”

DEADLINE FOR APPLICATIONS IS 5pm on 12th January 2023