



Royal Pharmaceutical Society of Great Britain

Helping pharmacists achieve excellence

APPLICATION FOR EMPLOYMENT STRICTLY CONFIDENTIAL

Please complete in black or blue ink or type

Application for position of:	Advert reference number:
Surname (block capitals):	Other name(s):
Address: Postcode:	
Telephone (Home): Telephone (Mobile):	Telephone (Work): <i>Leave blank if you do not wish it used</i>
Email address:	Are you related to any member of the Society's council or to any employee of the Society? YES/NO
Pharmacist / Technician Registration Number (<i>if applicable</i>): (<i>delete where appropriate</i>)	
Nationality:	Are you required to hold a work permit? YES/NO
<i>If the position involves travelling</i> : Do you hold a current driving licence? YES/NO If yes, do you have any current endorsements? <i>Please give appropriate details.</i>	
How did you learn of this post?	Any dates not available for interview?

Please write a brief description of your present duties and responsibilities.

Skills, Knowledge and Experience

Please state below the reasons why you wish to apply for this position and what individual skills, knowledge and experience relevant to the post that you have to offer. Include any other information, including leisure interests and activities that you wish to add

Continue on a separate sheet if necessary

EDUCATION

Education and Qualifications (including membership of professional bodies)

Schools/Colleges/Universities etc	Dates: From	To	Examinations passed (including grades), Qualifications obtained

Training and Short Courses

Please detail any recent training you have undertaken relevant to this post:

Please state number of days' absence because of sickness in the past 12 months and give reasons.

References

Please give the names of two people, one of whom should be your present/most recent employer:

References may be taken up for shortlisted candidates prior to interview. May we contact your present employer prior to interview? **YES / NO**

Present/most recent Employer:

Name

Title:

In what capacity are you known to this person?

Address:

Postcode:

Telephone Number:

Other Referee:

Name

Title:

In what capacity are you known to this person?

Address:

Postcode:

Telephone Number:

Declaration

I certify that to the best of my knowledge, the information provided on this application is correct. If, after appointment, the information given proves to be inaccurate, I accept that this would render me liable to disciplinary action under the Society's appropriate procedure.

Signature: _____

Date: _____

Please note that the personal data provided on this form will be handled, processed and stored by the Society for recruitment and selection purposes