Summer Student Vacation Experience

East Sussex Healthcare Trust (ESHT) Application Form

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| 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)

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| If you are a disabled candidate, and wish your application to be considered under the guaranteed interview scheme (GIS), please confirm here? |

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| --- | --- |
| 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 |
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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 a) experience/knowledge then your skills/abilities.  a) Experience and knowledge  b) Skills and abilities |

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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 your chosen hospital: |

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| --- |
| 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 [esht.pharmacyvts@nhs.net](mailto:esht.pharmacyvts@nhs.net) by May 15th

When submitting please ensure the subject of your email is clearly titled i.e. “Summer Student Scheme – YOUR NAME”