Frimley Health Foundation Trust Undergraduates Summer Placements 2022

The pharmacy team at Frimley Health Foundation Trust is split between two acute hospital sites, with one located at Frimley Park Hospital in Camberley, Surrey, and the other in Wexham Park Hospital in Slough, Berkshire.

We offer a two-week summer placement to four 3rd year pharmacy undergraduates over the summer months, between June and August each year, to applicants wishing to attain experience in the hospital sector.

During the summer placement you will have the opportunity to:

* rotate through different areas within the pharmacy dispensary including inpatients and outpatients
* partake in the dispensing of inpatient and outpatient prescriptions, and the supply of controlled drugs
* screen various prescriptions under supervision of the pharmacist both in the dispensary and on the ward
* visit the ward with a medicine management technician and partake in the medicines reconciliation process
* visit different clinical wards with a pharmacist and review drug charts, discuss various patient cases and propose potential interventions to optimise patient care
* gain an understanding of the MDT team

Please note that

* Opportunities and rotations will vary depending on availability and staffing
* 2 placements will be based at Wexham Park and 2 placements will be based at Frimley Park
* The placement is not paid and is undertaken on a voluntary basis
* Accommodation and travel are not provided or reimbursed by the Trust for the summer placements at either site

If you are interested in undertaking the placement please complete the following application form and return this to [sumbal.chaudhry1@nhs.net](mailto:sumbal.chaudhry1@nhs.net). Please clearly mark the email as ‘Summer Student Application 2022 – First name, Second name’

* Applications open 14th of January 2022
* Deadline for applications is the 14th of February 2022
* You will be contacted in March 2022 regarding interviews
* Placements will be offered in March/April 2022

**Frimley Health Foundation Trust Summer Vacation Application Form 2022**

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| --- | --- | --- | --- |
| **Title** |  | **Address** |  |
| **Forename (s)** |  |
| **Surname** |  | **Tel no** |  |
| **E-mail** |  |

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| --- | --- |
| **School of Pharmacy** | **Current year of MPharm degree course** |
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| **A Level passes (or equivalent) with grades** |
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**PREVIOUS WORK EXPERIENCE**

Please provide brief details of your most recent and relevant work experience here. You will have the option to provide details of 3 work or volunteer experiences in this section. Please provide a brief explanation of role and responsibilities.

|  |  |
| --- | --- |
| **Previous work experience 1** | |
| Dates |  |
| Job title |  |
| Employing organisation |  |
| Brief summary of role and responsibilities (1000 character limit) |  |

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| **Previous work experience 2** | |
| Dates |  |
| Job title |  |
| Employing organisation |  |
| Brief summary of role and responsibilities (1000 character limit) |  |

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| **Previous work experience 3** | |
| Dates |  |
| Job title |  |
| Employing organisation |  |
| Brief summary of role and responsibilities (1000 character limit) |  |

**SUPPORTING INFORMATION**

Please use this section to provide any additional information that you feel is relevant to support your application.

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| **Experience and Knowledge** - Describe previous work experience and knowledge that you feel is relevant to support your application. (max 200 words) |
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| **Skills and Abilities** - Describe skills and abilities you have gained that would be relevant to this post and explain how you would utilise them during your summer placement. (max 400 words) |
|  |
| **Continuing Professional development** - Give an example of your commitment to continual professional development (max. 200 words) |
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| **What are your reasons for choosing Frimley Health Foundation Trust** - Please state the reasons for your interest in working in hospital pharmacy and Frimley Health Foundation Trust. Please explain what you hope to gain from the summer placement. (max 200 words) |
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**REFERENCES**

|  |  |
| --- | --- |
| **Academic reference (University Tutor Details)** | |
| Name |  |
| Referee's role or job title |  |
| Referee's relationship to you |  |
| Address |  |
| Tel no |  |
| E-mail |  |
| **Non-academic reference** | |
| Name |  |
| Referee's role or job title |  |
| Referee's relationship to you |  |
| Address |  |
| Tel no |  |
| E-mail |  |

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| Do you have any unspent criminal convictions or bind-overs, or any cautions, warnings or reprimands? | Yes  No |
| Have you at any time received or had pending a criminal conviction, caution, warning, reprimand or bind-over? | Yes  No |
| Does your name appear on the Protection of Children Act List? | Yes  No |
| Does your name appear on the Protection of Vulnerable Adults List? | Yes  No |
| If you are a disabled candidate, do you wish to be interviewed under the guaranteed interview scheme (GIS)? | Yes  No |

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| --- | --- | --- |
| **Please indicate which site you wish to undertake your placement on:** | | Frimley Park  Wexham Park |
| **Please indicate which months you are available to undertake your summer placement and please state preferences** | | |
|  | I can complete during this month | Order preference (1st, 2nd, 3rd) |
| **June** | Yes No |  |
| **July** | Yes No |  |
| **August** | Yes No |  |

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| --- | --- | --- |
| **Do you agree that any offer for a summer placement which is made and accepted will be completed for the full duration? (please tick for confirmation)**  Please note that once a placement has been confirmed, inappropriate early termination of placement or non-attendance may be raised to the applicant’s school of pharmacy as a fitness to practise issue | | |
| **Due to the COVID pandemic (please tick for confirmation):**  Depending on the national and local pandemic situation in summer 2022, I understand the Trust maintains a right to withdraw the summer placement offers at short notice  I understand that if an offer is made for the summer placement, this will be conditional depending on the outcome of the Trust Vulnerable Adult COVID Risk Assessment  I understand that if I am offered a placement, I will always be required to wear the appropriate personal protective equipment and adhere to health and safety rules | | |
| **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 is accepted as a volunteer (please tick for confirmation)** | | |
| **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 (please tick for confirmation)** | | |
| Sign: | Name: | Date: |