

**Pharmacy Summer Student Hospital Experience - 2022**

**Application Form**

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| **STUDENT DETAILS / CONTACT INFORMATION** | |
| **Title** |  |
| **Forename** |  |
| **Middle name(s)** |  |
| **Surname** |  |
| **Date of birth** |  |

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| **Home address (during term time)** | | **Home address (outside term time)** | |
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| **Postcode** |  | **Postcode** |  |
| **Contact number** |  | **Contact number** |  |
| **Email address** |  | **Email address** |  |
| **Address to be used for correspondence during summer vacation period: (if known)** | | | |

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| **DRIVING LICENSE** |
| **Do you possess a full UK driving license? If so, will you have access to a vehicle outside term time (for potential cross site visits)** |

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| **FITNESS TO PRACTICE** |
| **Have you at any time received or currently pending a criminal conviction, caution, warning, reprimand or bind-over?**  **If yes, please give details:** |
| **Does your name appear on the Protection of Children Act List?** |
| **Does your name appear on the Protection of Vulnerable Adults List?** |

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| **EQUALITY, FAIRNESS AND DIVERSITY** |
| **Do you have a mental or physical disability?** |
| **If you are a disabled candidate and wish to be interviewed under the NHS guaranteed interview scheme (GIS), please confirm here. We will contact you for further information.** |

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| **EDUCATION AND QUALIFICATIONS - MPharm degree** | |
| University / School of Pharmacy |  |
| Current year of study |  |

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| **EDUCATION AND QUALIFICATIONS - A LEVELS** | |
| Institute A LEVELS obtained from: | |
| **A LEVEL SUBJECT** | **GRADE** |
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| **EDUCATION AND QUALIFICATIONS - GCSEs** | |
| Institute GCSEs obtained from: | |
| **GCSE SUBJECT** | **GRADE** |
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| **REFERENCES** | | | |
| **ACADEMIC REFERENCE** | | **NON-ACADEMIC REFERENCE** | |
| Name |  | Name |  |
| Address |  | Address |  |
| Contact number |  | Contact number |  |
| Email address |  | Email address |  |

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| **PREVIOUS WORK EXPERIENCE IN PHARMACY (if any)** | | |
| **Dates** | **Job title** | **Brief summary of role and responsibilities** |
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| **SUPPORTING INFORMATION (PART A) – MAX 500 WORDS** |
| 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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| **SUPPORTING INFORMATION (PART B) – MAX 300 WORDS** | |
| Please provide a brief statement in support of your application, stating the reasons for your interest in working in hospital pharmacy and The Royal Marsden Hospital NHS Foundation Trust: | |
| **EXTRA – CURRICULAR ACTIVITIES / YOUR THOUGHTS** | |
| What are your interests / hobbies outside Pharmacy |  |
| If you could be any drug in the BNF, what would you be and why? |  |

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| **STUDENT DECLARATION** |
| I confirm that the information provided in this application form is accurate and true to the best of my knowledge. I understand that if I provide any false information, this will result in the automatic withdrawal of my application. |

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| Name |  |
| e-Signature |  |
| Date |  |

Please return your completed form to Amritdeep Kaur Puri (Lead Education & Training Pharmacist) at The Royal Marsden Hospital NHS Foundation Trust by email at [Amritdeep.Puri@rmh.nhs.uk](mailto:Amritdeep.Puri@rmh.nhs.uk). When submitting your application form, please ensure the subject line of your email is titled “Summer Student Hospital Experience 2022 – YOUR NAME”

**Deadline to receive final applications:**

**Monday 17th January 2022**