For official use only

Applicant reference number:

##### APPLICATION FOR EMPLOYMENT

##### STRICTLY CONFIDENTIAL

#### Please complete in black or blue ink or type

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname (block capitals)** |  | | |
| **Other name(s)** |  | | |
| **Address** |  | | |
| **Postcode** |  | | |
| **Telephone (Home)** |  | | |
| **Telephone (Mobile)** |  | | |
| **Telephone (Work):**  *Leave blank if you do not wish to be contacted on this number* |  | | |
| **Email address:** |  | | |
| Are you related to any member of the Charity’s Trustees or to any employee of the Charity? | | | **YES/NO** |
| **Nationality:** |  | | |
| Are you required to hold a work permit? | **YES/NO** | | |
| **How did you learn of this post?** | |  | |
| Any dates not available for interview? | |  | |

**Please leave blank**

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Applicant Reference Number:

|  |  |
| --- | --- |
| **Application for position of** |  |

**EMPLOYMENT HISTORY**

#### Present or most recent employment

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and address of employer and type of business:** | | | |
| **Position held:** | **From:** | | **To :** |
| **Reason for leaving/wishing to leave current post:** | | | **Notice required:** |
| **Salary and benefits** | |  | |
| **Major duties and responsibilities:** | |  | |

#### Previous employment

*Please write a brief description in chronological order* ***(most recent first)*** *of your duties and responsibilities*

|  |  |
| --- | --- |
| **Name of employer**  **Date of employment**  **Job title** | **Major duties and responsibilities** |
|  |  |
| **Name of employer**  **Date of employment**  **Job Title** | **Major duties and responsibilities** |
|  |  |
| **Name of employer**  **Date of employment**  **Job title** | **Major duties and responsibilities** |
|  |  |

#### Skills, knowledge and experience

Please evidence how you meet the skills, knowledge and experience requirements set out in the person specification. Provide recent work examples where possible. Relevant evidence from other aspects of your life may also be given.**Continue on a separate sheet if necessary**

EDUCATION

#### Education and qualifications (including membership of professional bodies)

|  |  |
| --- | --- |
| **Schools/Colleges/Universities etc** | **Examinations passed (including grades), qualifications obtained** |
|  |  |
| ***\*Please note that it is the Employer’s policy to verify the qualifications of successful job applicants\**** | |

**Training and short courses**

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

|  |  |
| --- | --- |
| **Completion date** | **Course/training** |
|  |  |

|  |
| --- |
| **Convictions**  Please give details of any **unspent** convictions.  (Spent convictions do not have to be declared as the job is not one covered by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975.) |

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: Email address:** |
| **Other referee**  **Name:**  **Title:**  **In what capacity are you known to this person?**  **Address:**  **Postcode:**  **Telephone number: Email address:** |

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 Charity’s appropriate procedure.

*Signature:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Date:*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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



**Equal Opportunities Monitoring Form**

**Confidential**

This information is anonymous and will be separated from your application immediately upon receipt. It will therefore have no bearing on any decision taken, but is important as a means of ensuring the operation of equal opportunities policies.

|  |
| --- |
|  |

**Gender:**

|  |  |
| --- | --- |
| **Age** (please state your age in years) |  |

**Ethnicity** (based on UK census questions)

Please tick one of the boxes below to indicate your ethnic origin

|  |  |
| --- | --- |
| White - British |  |
| White – Irish |  |
| White – Scottish |  |
| White – Welsh |  |
| Other white background |  |
| Black or Black British - Caribbean |  |
| Black or Black British - African |  |
| Other Black background |  |
| Asian or Asian British – Indian |  |
| Asian or Asian British - Pakistani |  |
| Asian or Asian British – Bangladeshi |  |
| Other Asian background |  |
| Chinese |  |
| Mixed – White and Black |  |
| Mixed – White and Asian |  |
| Other mixed background |  |
| Other ethnic background – please specify |  |

|  |  |
| --- | --- |
| **Nationality** (please specify) |  |

**Disability:** do you consider yourself to have any kind of disability? **YES/NO**

*(The Disability Discrimination Act 1995 defines disability as any physical or mental impairment which has a substantial and long-term (more than 12 months) adverse effect on a person’s ability to carry out normal day to day activities)*

If you have said **YES**, please tick which category you think best describes your disability

|  |  |
| --- | --- |
| Blind or partially sighted |  |
| Deaf or hearing impairment |  |
| Wheelchair user/other mobility difficulties |  |
| Personal care support |  |
| Mental health disability |  |
| Any unseen disability e.g. diabetes, asthma |  |
| Multiple disabilities |  |
| Other disability – please specify |  |