

RIGHT MEDICINE PHARMACY APPLICATION FORM

PERSONAL DETAILS

NAME	ADDRESS																												
TELEPHONE NUMBER (S)	POSITION APPLIED FOR																												
EMAIL ADDRESS	Do you hold a current driving license																												
<p>Please select the days/times you are available to work:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 20%;">All Day</th> <th style="width: 20%;">AM</th> <th style="width: 20%;">PM</th> </tr> </thead> <tbody> <tr> <td>Mon</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Tues</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Wed</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Thur</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Fri</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Sat</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		All Day	AM	PM	Mon	_____	_____	_____	Tues	_____	_____	_____	Wed	_____	_____	_____	Thur	_____	_____	_____	Fri	_____	_____	_____	Sat	_____	_____	_____	<p>Is there anything concerning you eg medical history, state of health that is relevant to your application?</p> <p>If you answer is "Yes" please detail your disability or health problem on a separate sheet of paper</p>
	All Day	AM	PM																										
Mon	_____	_____	_____																										
Tues	_____	_____	_____																										
Wed	_____	_____	_____																										
Thur	_____	_____	_____																										
Fri	_____	_____	_____																										
Sat	_____	_____	_____																										
<p>Are you eligible to work in the UK (you will be asked to provide evidence such as P45 from previous employer, National Insurance card or endorsed passport)</p> <p>YES/NO</p>	<p>How much notice are you required to give your current employer</p>																												

QUALIFICATIONS

PLEASE PROVIDE DETAILS OF QUALIFICATIONS YOU HOLD
PLEASE PROVIDE DETAILS OF ANY PROFESSIONAL ORGANISATIONS YOU ARE A MEMBER OF

EMPLOYMENT HISTORY

COMPANY & POSITION	DATE FROM/TO & REASON FOR LEAVING	OUTLINE OF DUTIES/RESPONSIBILITIES

Please continue on a separate sheet if required

REFERENCES

Please provide details of two references, one of which must be your current or most recent employer. We will only take up references for successful applicants. References from family and friends will not be accepted

Name	Name
Address	Address
Telephone No	Telephone No
Email	Email
How do you know this person?	How do you know this person?

Do you have any criminal convictions

If you have stated "Yes" please give details on a separate sheet of paper. This should exclude any spent convictions under Rehabilitation of Offenders Act 1974.

Disclosure of any convictions will not normally exclude an application from consideration. This offence will however be taken into account if the Company consider it to be one that would make you unsuitable for the type of work to be done.

DECLARATION

By signing and returning this application form you consent to the Company using and keeping the information you have provided and any information provided by a 3rd party such as references relating to the application. This information will be used in the recruitment process and will be kept up to 1 year following an unsuccessful application. In the event of a successful application this information may form part of your employment records.

Information relating to equality such as gender, ethnic origin or disability will be used for monitoring purposes only and will in no way whatsoever form part of the application process .

I confirm all information provided is accurate to the best of my knowledge

Signed.....

Date.....