Application Form- Senior Clinical Pharmacist

Please complete this form and submit to Mrs J Killingbeck, Windrush Medical Practice, Windrush Health Centre, Welch Way, Witney, Oxon. OX28 6JS [Jenny.killingbeck@nhs.net](mailto:Jenny.killingbeck@nhs.net)

with a copy of your CV and the self-declaration form which is also available on our website [www.windrushmedicalpractice.co.uk](http://www.windrushmedicalpractice.co.uk)

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| --- |
| SURNAME: |
| FIRST NAME: |
| OTHER NAMES: |
| ADDRESS: |
| HOME TEL NO: |
| MOBILE TEL NO: |
| EMAIL: |

|  |
| --- |
| Where did you see this post advertised? |

Please enter below details of education and training

# QUALIFICATIONs

|  |  |  |
| --- | --- | --- |
| **Name of Establishment** | Date & Exam Taken | Qualification Gained |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**EMPLOYMENT RECORD** (starting with present/last job)

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| --- |
| NAME OF CURRENT EMPLOYER: |
| ADDRESS: |
| JOB TITLE: |
| DUTIES: |
| CURRENT RATE OF PAY: |
| DATE EMPLOYED FROM: TO: |
| REASON FOR LEAVING: |

|  |  |  |  |
| --- | --- | --- | --- |
| Date From – To | Name and Address of employer | Position | Reason for leaving |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Continue on separate sheet of paper if necessary

Please tell us why you have applied for this post, about other jobs you have done and about the skills you have used or learned in those posts.

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When would you be able to start?

Please provide details for two employer references

No approach will be made to your present employer before an offer of employment is made to you.

|  |  |
| --- | --- |
| Reference 1 | Reference 2 |
|  |  |

I can confirm that to the best of my knowledge the above information is correct. I accept that providing deliberately false information could result in my dismissal.

Name:

(Please enter in capitals)

Signature:

Date: