

## APPLICATION FOR PRE-REGISTRATION PHARMACIST PLACEMENT IN THE SCOTLAND NHS PRPS

### INSTRUCTIONS: (PLEASE READ CAREFULLY BEFORE COMMENCING)

The information you supply in this application form will enable the organisation to decide whether an interview will be mutually beneficial and will assist in any interviews that may follow.

Whilst all sections may not be relevant to you personally, you should complete the form as fully and accurately as possible to enable your application to be given full consideration.

The application form is available in two formats, as an online PDF form or as Word form for printing/e-mailing.

#### PDF Form:

- The online pdf form must be completed in one sitting (i.e. can not be saved for and returned to at a later stage). You can, however, cut and paste details into the text boxes provided from Word documents etc.
- Before commencing with the PDF form it is recommended that you check that the form has opened correctly within your web browser. If you are not sure, please press the submit button at the end of the form. If you receive a 'Congratulations' page, you were successful in submitting a blank form.

NES would much prefer to receive your application form online. If this is not possible, a Word form has been created to allow you to save the form on your computer and then print and send or e-mail it back to us. **Please note** that this form will then be scanned into a database and must be completed in **BLACK INK**.

#### Word Form:

- After downloading the file, save this form as a Word document with your name included in the document title for e.g. *PRPS 2008 11 Application Form Joe Bloggs.doc*
- When filling in the sections, you must keep within the frame of the cells. Please note the word limits as stated - you will be penalised if you exceed the limits significantly.

When completed, send the application form to NES Pharmacy either - preferably - as an email attachment to [pharmacy@nes.scot.nhs.uk](mailto:pharmacy@nes.scot.nhs.uk), or by post to the address below.

When posting your application please ensure that the correct postage is applied to the application envelope, as failure to do so may result in your application being turned down. Your completed form should be posted to:

FAO June Beckett or Stephen Peddie  
NHS Education for Scotland (Pharmacy)  
3rd floor, 2 Central Quay  
89 Hydepark Street  
Glasgow G3 8BW

**DO NOT** attach **ANY** additional pages to this application.

**Your completed application should be returned to  
NHS Education for Scotland (Pharmacy) by 9 June 2008.**



PLEASE NOTE: Only Parts D, E and F will be made available to the interview panel

Candidate Identification Number:  
(NES Office Use)

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## FAIR TREATMENT STATEMENT

No applicant shall be unfairly discriminated against on account of their age, cultural/religious/political belief, disability, ethnicity, gender, race, relationship status, sexual orientation, and/or Trade Union membership/stewardship. Please ensure that you complete the Equal Opportunity Monitoring Section (PART C).

**Your completed application should be returned to  
NHS Education for Scotland (Pharmacy) by 9 June 2008.**

Your Academic Reference Form should be passed to your University Tutor for completion.

### PART A

Do you need a work permit to take up a pre-registration pharmacist post?  Yes  No

Are you eligible to work in the UK?  Yes  No

#### Declaration - Please read carefully before signing this declaration

I declare that the information I have given in support of my application is, to the best of my knowledge and belief, true and complete. I confirm that I have completed this form on my own behalf and understand that if it is subsequently discovered that any statement has been plagiarised, is false or misleading, or that I have withheld relevant information my application may be disqualified or, if I have already been appointed, I may be dismissed without notice.

Signature:

*Leave this blank at this stage - your signature will be  
obtained at interview if you are short-listed*

Date:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
D	D		M	M		Y	Y

Please continue to PART B

## PART B

**Surname:**

**First Name:**

**School of Pharmacy:**

**Contact Address:**

(NOTE: Please provide an address that NES can use for ALL correspondence relating to your application, and to follow-up after interview if you are short-listed.)

**Daytime Telephone No:**

(or number on which a message may be left)

**Mobile Telephone No:**

**E-mail Address:**

### Rehabilitations of Offenders Act

The Rehabilitation of Offenders Act 1974 provides for many people who have been convicted of certain criminal offences, the opportunity to have no need to refer to these convictions, or the circumstances relating to them, in the course of their daily lives. Certain convictions can, therefore, be regarded as "spent" after the lapse of a period of years under the terms of the Act. The National Health Service employment for which you are applying is excluded in the provisions of the Act, and you are required not to withhold information about convictions which, for other purposes, are "spent" under the provisions of the Act. This means that all previous convictions must be declared. If you are offered employment, any failure to disclose such convictions could result in dismissal or disciplinary action. Any information given, however, will be completely confidential and will be considered only in relation to the post for which this application form refers.

I declare that I have:  No previous convictions

Previous convictions - details of which I give below

(This information may be verified by Disclosure Scotland)

**Signature:**

*Leave this blank at this stage - your signature will be obtained at interview if you are short-listed*

**Date:**

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
D	D		M	M		Y	Y

**Candidate Identification Number:**  
(NES Office Use)

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## Data Protection Act

In processing any personal information or data we hold about you we will comply with the requirements of the Data Protection Act 1988 (the "Act"). In particular, all reasonable steps will be taken to ensure data is processed fairly, kept secure, protected against loss or damage, and only disclosed (unless required by law or legal process) on a need to know basis. Under the Act you are entitled to ask us in writing to provide copies of certain data we hold about you, upon payment of the appropriate fee.

## Declaration

I declare that to the best of my knowledge the information contained in this form is accurate and I consent to details being retained confidentially and used for specific and lawful purposes as specified in the Data Protection Act 1998. I consent to the information contained in this form being passed to potential employers involved in the NHS Pre-registration Pharmacist Scheme.

Signature:

*Leave this blank at this stage - your signature will be obtained at interview if you are short-listed*

Date:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
D	D		M	M		Y	Y

## Referee

Please give details, including title and postal address, of a referee who has consented to be approached now. This referee is IN ADDITION to your academic referee, and should preferably be professional and/or work-related, i.e. not family or friends, and be qualified to comment on your ability and experience for this appointment.

Surname:

First Name:

Designation or Title:

Postal Address:

(Including post code)

Telephone No:

E-mail Address:

## Preferences

It is important that you use this section of the form to clearly express your preferences for your pre-registration training placement. You may have very specific preferences or you may have no real preference at all. You may lie somewhere between these extremes. The preferences you state here play no part in the assessment of your application. The preferences are used solely in the event of you being eligible to secure the offer of a place in the PRPS, and used to recruit you to the most suitable placement. Please note, however, that there can be no absolute guarantee that you will be allocated to your first preferences.

### For example:

- You may feel that you are not too bothered which sector of practice, or which employer, you are allocated to, as long as you can undertake your pre-reg training in Oban.
- You may feel that the particular employer or geographical location is not important as long as your pre-registration training can be undertaken in the hospital sector.
- You may feel that it is not important where in the country you are placed as long as you can undertake your pre-registration training with a particular employer, for example, the Co-op.

**Please note:** We will not interpret "no preference" negatively as indifference. We understand that you may be happy to pursue any of the options listed. However, the clearer you are in this section, the easier it may be to match your preferences.

### Practice Sector

State your preference for a community placement, hospital placement or "No preference" by crossing the appropriate box.

Community Sector       Hospital Sector       No Preference of Sector

### Health Board Area

Rank the Health Board areas in order of your preference for a placement location. Please rank the Board areas 1 - 12, with 1 being your most preferred and 12 your least preferred area. Rank as many of the Board areas that you are interested in. Alternatively, you can state that you have no preference.

No Preference of Board Area

Ayrshire & Arran	<input type="checkbox"/> <input type="checkbox"/>	Fife	<input type="checkbox"/> <input type="checkbox"/>	Grampian	<input type="checkbox"/> <input type="checkbox"/>	Lothian	<input type="checkbox"/> <input type="checkbox"/>
Borders	<input type="checkbox"/> <input type="checkbox"/>	Forth Valley	<input type="checkbox"/> <input type="checkbox"/>	Highland	<input type="checkbox"/> <input type="checkbox"/>	Tayside	<input type="checkbox"/> <input type="checkbox"/>
Dumfries & Galloway	<input type="checkbox"/> <input type="checkbox"/>	Glasgow & Clyde	<input type="checkbox"/> <input type="checkbox"/>	Lanarkshire	<input type="checkbox"/> <input type="checkbox"/>	Islands*	<input type="checkbox"/> <input type="checkbox"/>

\* If you are interested in being placed in the Islands area, please cross which areas are suitable

Western Isles     Orkney     Shetland

Please state any **particular** geographical areas(s) where:

a) you **WOULD** like to work

b) you **DO NOT** want to work.

### Preference for Employer

Please list the names of up to six employers (hospital or community) for whom you have a preference.

You may wish to state a very specific employer, for example, The Pharmacy, 1 Main St, Anywhere (as a community employer) or Edinburgh Royal Infirmary (for a hospital placement). You may wish only to state a company name, for example, Boots or Lloyds, or you could state just "multiple" or "Independent". Alternatively, you can state that you have no preference.

No Preference of Employer

1	<input type="text"/>	4	<input type="text"/>
2	<input type="text"/>	5	<input type="text"/>
3	<input type="text"/>	6	<input type="text"/>

Please use this space if you wish to comment further on your preferences. (You will have the opportunity to clarify your preferences at interview).





## PART E

### Examples of personal qualities:

For each of the questions below, please describe (in not more than 100 words) an example from your own experience to illustrate the stated skill or attribute.

### Organisational Skills:

Describe a significant personal achievement realised through your organisation and planning skills. What did you learn from this example and how is this relevant to your pre-registration training?

### Dealing effectively with demanding situations:

Describe an example of a time when you had to deal with pressure or overcome a setback or challenge. What did you do and what was the outcome?

**Examples of personal qualities. Cont'd.**

For each of the questions below, please describe (in not more than 100 words) an example from your own experience to illustrate the stated skill or attribute.

**Working Effectively with Others:**

Describe an example from your own experience when you worked as part of a team to achieve a common goal. What was your role and contribution to the team, and what was the outcome?

**Professionalism:**

Describe an example of a situation where you had to demonstrate your professionalism and/or integrity. What did you do and what was the outcome?

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## PART F

### Reasons for Applying - Statement in support of application

Please provide a brief statement in support of your application, stating the reasons for your interest in this appointment. Include any relevant information, experience and achievements NOT covered elsewhere on this form, and let us know about your interests/hobbies.

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