



Association of Pharmacy Technicians United Kingdom

Application Form

Post applied for:	
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Personal details

Title:		
Forename:		
Surname:		
Address:		
Email:		
Telephone number:		
Mobile number:		
Have you any unspent criminal convictions or bindovers, or any cautions, warnings or reprimands?	Yes	No
If yes, please give details below.		

Application questions

Details entered in this part of the form will be made available to the shortlisting panel. Please make sure that you have read the job description and person specification before completing the application form, and ensure that your answers clearly and honestly demonstrate how your skills and experience are relevant to the post for which you are applying.

Education and Training - Schools / Colleges / Universities

Place of study	Subject / qualification	Grade / result	Date obtained

Training Courses Attended

Please give details of other formal training courses attended and dates.

Place of training	Course	Date completed



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Please provide details of any proposed further qualifications

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Professional registration

Please state your GPhC and APTUK membership details in the following section.

Professional body	Registration no	Expiry / renewal date

Current Job

Please include all periods of employment, unemployment, study, travel etc as necessary to cover a minimum period of the last 5 years. If you have other current part time jobs please add these first

Type of activity	Employer/College Name	Employer/College address	Job title (if applicable)	Grade	Start date	End date	Description of your duties & responsibilities, and reason for leaving



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Supporting information

Please read the job description and person specification carefully and make full use of this section, to provide further information in support of your application.

Please be sure to include:

- i. The reasons why you are applying for the post.
- ii. Details of any relevant experience gained either in a paid or voluntary capacity.
- iii. Details of any training, education or other interests relevant to the post.
- iv. Details of Personal Attributes you have to support your application.

Supporting information

Disabilities

Do you have a disability that may need reasonable adjustments? If so, please give details.



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References

Please provide details of two referees, one should be your current employer and the other an APTUK member of fellow.

Referee 1	
Referee's title	
Referee's name	
Job title	
How do they know you?	
Address 1	
Telephone no.	
Mobile no.	
Email address	

Referee 2	
Referee's title	
Referee's name	
Job title	
How do they know you?	
Address 1	
Telephone no.	
Mobile no.	
Email address	

Declaration

I am making an application and confirm that the information that I have provided in this application is to the best of my knowledge correct and complete. I understand and accept that if I withhold information or provide false or misleading information this may result in my application being rejected, or if I am appointed, to dismissal. I agree with the above declaration and that I will sign printed copies of this application form upon request. I understand that if I wish to withdraw my consent at any time after completing this declaration I can do so by contacting the Tess Fenn, President APTUK.

Signature: Date: