|  |  |  |  |
| --- | --- | --- | --- |
|  | |  | | --- | | **Pharmacy technicians** | | **APPLICATION FORM** | |

Please return completed application alongside supporting documentation to [nicpldtechs@qub.ac.uk](mailto:nicpldtechs@qub.ac.uk)

|  |  |  |
| --- | --- | --- |
| **Applicant details:** | | |
|  | | |
| Title: |  |  |
|  | | |
| Full name: |  |  |
|  | | |
| Maiden name (if applicable): |  |  |
|  | | |
| Gender: | Male  Female  Other  Prefer not to say |  |
|  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Home contact details:** | | | **Work contact details:** | | |
|  | | | | | |
| Home address: |  | | Work address: |  |  |
|  | | | | | |
| Contact no(s): |  | | Contact no(s): |  |  |
|  | | | | | |
| Email address: |  | | Email address: |  |  |
|  | | | | | |
| Area of practice: | | Hospital  Community Primary Care  Other (please specify) ☐ Type here | | |  |
|  | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Pharmacy Technician Qualifications:** | | | | |
|  | | | | |
| BTEC level 3 or above: |  |  | Certificate attached |  |
|  | | | | |
| Year qualified: |  | | |  |
|  | | | | |
| Current AfC Band (if applicable): |  | | |  |
|  | | | | |
| Speciality (if applicable): |  | | |  |
|  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Declaration:** | | | | |
|  | | | | |
| Applicant signature: |  | Date: |  |  |
|  | | | | |