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

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Please return completed application alongside supporting documentation to nicpldtechs@qub.ac.uk

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| **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 |  |
|  |

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

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