Application Form

**Applicant Ref:***(office use only)*

*AN EQUAL OPPORTUNITIES EMPLOYER*

**Job Ref Number:** GPPND/05/25

**Job Title:** General PracticePharmacist

**Closing Date:** 8th July 2025 at 12noon

**NOTES:**

 CVs will not be accepted

 Canvassing will disqualify

 Incomplete applications will not be considered

 You are strongly encouraged to complete the equal opportunities section of this form which is used only

for monitoring/statistical purposes and is not made available to the panel

 Applications received after the closing date and time

will not be considered

* Applications must be completed and returned electronically

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| --- | --- | --- | --- | --- |
| Surname: |  |  | Title (Mr, Mrs, Miss, Ms, Dr): |  |
| First Names: |  |  | Previous Surname: |  |
| Address: |  |  |  |  |
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|  |  |  |  |  |
| Postcode: |  |  |  |  |
| Contact Number: |  |  | National Insurance: |  |
| Email Address: |  | | | |

Please name two referees (Please see information pack for more details):

Title (Mr, Mrs, Miss, Ms, Dr):       Title (Mr, Mrs, Miss, Ms, Dr):

Name:       Name:

Occupation:       Occupation:

Address:       Address:

     

     

Postcode:       Postcode:

Phone No:       Phone No:

Email:       Email:

**FURTHER EDUCATION/ PROFESSIONAL QUALIFICATIONS**(e.g. Nursing, AHP, Social Care, Management, Administration)

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| **Certificate/Diploma/Degree** | **Institute** | **Exams yet to be taken** | **Result** | **Date Obtained** |
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**PROFESSIONAL QUALIFICATIONS**

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| **Name of Professional Body** | **Type of Registration** | **Professional Registration No.** | **Date Obtained** | **Date of Expiry** |
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Are you currently the subject of a referral to, or an investigation by, your professional body?

Yes  No  Not Applicable

Have you been involved or are you currently involved in any professional or personal, unresolved or pending issue that might undermine your standing ability to do the job?

Yes  No

**INDEPENDENT SAFEGUARDING AUTHORITY**

Have you ever been referred to the Independent Safeguarding Authority as a result of misconduct involving children and / or vulnerable adults? Yes  No

If yes, please provide full details below:

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**EMPLOYMENT HISTORY – PRESENT OR MAIN POST**

Employer Name:       Period of Notice:

Employer Address:       Salary / Wage:

      Job Dept / Location:

      Start Date:

Job Title:       Reason for Leaving:

Employment Status: Permanent  Temporary  Agency

Principle Duties of the Present Post:

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**EMPLOYMENT HISTORY — PREVIOUS POSTS**

Please list all your most recent previous posts beginning with the most recent.

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| **Name and Address  of Employer** | **Job Title** | **Start  Date** | **End Date** | **Reason for Leaving** | **Duties** |
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If you have any gaps in your career history, please include and explain these in the box below.

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| **ESSENTIAL CRITERIA**  You must demonstrate evidence of the following essential criteria by way of examples and dates in the box below. Please note the maximum word count is 300 words. |
| **Essential Criteria 1:**  Professional Registration and Qualifications   1. Registration with the Pharmaceutical Society of Northern Ireland (PSNI) or eligible for membership. 2. Undergraduate degree in Pharmacy 3. Registered as an Independent Prescriber **or** be willing to undertake an Independent Prescribing qualification at the appropriate point as determined by Lead General Practice Pharmacist. |
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| **ESSENTIAL CRITERIA**  You must demonstrate evidence of the following essential criteria by way of examples and dates in the box below. Please note the maximum word count is 300 words. |
| **Essential Criteria 2:**  Have a minimum of 3 years post – registration experience in pharmacy at closing date of application  Experience of working in General Practice (Desirable Crietria) |
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| **ESSENTIAL CRITERIA**  You must demonstrate evidence of the following essential criteria by way of examples and dates in the box below. Please note the maximum word count is 300 words. |
| **Essential Criteria 3:**  In-depth therapeutic and clinical knowledge and understanding of the principles of evidence-based healthcare |
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| **ESSENTIAL CRITERIA**  You must demonstrate evidence of the following essential criteria by way of examples and dates in the box below. Please note the maximum word count is 300 words. |
| **Essential Criteria 4:**  An appreciation of the nature of primary care prescribing, concepts of rational prescribing and strategies for improving prescribing |
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| **ESSENTIAL CRITERIA**  You must demonstrate evidence of the following essential criteria by way of examples and dates in the box below. Please note the maximum word count is 300 words. |
| **Essential Criteria 5:**  Experience in use of IT |
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| **ESSENTIAL CRITERIA**  You must demonstrate evidence of the following essential criteria by way of examples and dates in the box below. Please note the maximum word count is 300 words. |
| **Essential Criteria 6:**   1. Hold a full current driving licence and/or\* have access to a form of transport which will permit the applicant to meet the requirements of the post in full.   **\*This relates to any individual who as declared that they have a disability which debars them from driving.**   1. Willingness to travel within locality and Federation group of practices |
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**CONVICTIONS / OFFENCES**

Under the Rehabilitation of Offenders (Exceptions) Order Northern Ireland, 1979, the Northern Ireland Health and Social Services are included in the list of excepted employers. As such, all criminal convictions may never be regarded as spent and must be disclosed when applying for a post in the Health Service. It is necessary therefore to ask the following questions:

Have you ever been convicted of any criminal offence? Yes  No

Are you currently the subject of police investigation or Yes  No

do you have any prosecutions pending?

List below details of ALL charges, prosecutions, convictions, cautions, bind-over orders—even if they happened a long time ago. You must include any minor matters, any road traffic or motoring offences

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*Please note that disclosure of a conviction does not necessarily debar any applicant from obtaining employment.*

**MEDICAL HISTORY**

Whether you have been in employment or not, please give details and dates of all periods of sickness over the past 3 years up to the date of this application.

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Have you ever had to resign, retire or been dismissed from a post because of ill health? Yes

No

**REASONABLE ADJUSTMENTS**

Do you require any reasonable adjustments to allow you to attend for interview?

Yes  No

If yes, please give details:

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**PERSONAL DECLARATION**

1. I declare that all the foregoing statements are true, complete and accurate

2. I understand that if I give wrong information or leave out important information I could be dismissed if I take up this job

3. I understand that to take up this job I must have satisfactory references, health assessment and Access NI checks (if applicable)

4. I understand that I will be asked to show some formal identification and evidence of qualifications if required

5. I confirm that as far as I know there are no medical reasons which would stop me from carrying out the duties of this job

6. I agree to you making any necessary enquiries during the recruitment and selection process

7. I understand that canvassing will disqualify me from the selection process for this job

8. I consent to the information I have provided being used within the context of the Data Protection Act 1998

9. I know of no reason why I cannot work in regulated activity.

Your Signature:       Date:

Please indicate how you became aware of this vacancy:

Social Media  Professional  Radio

Newspaper, please specify        Other, please specify