



## Application Form

Please return completed applications to:  
The Pharmaceutical Society of Northern Ireland  
73 University Street  
Belfast, BT7 1HL

Tel: 02890 326927  
Fax: 02890 439919

PLEASE READ ENCLOSED DOCUMENTS BEFORE COMPLETING YOUR APPLICATION.  
PLEASE COMPLETE USING BLACK INK OR TYPE.  
PLEASE COMPLETE IN FULL AND DO NOT SUBMIT A CV AS AN ALTERNATIVE.  
PLEASE COMPLETE THE MONITORING FORM AT THE END AND SUBMIT WITH THIS APPLICATION IN A SEPARATE SEALED ENVELOPE MARKED FOR THE ATTENTION OF THE MONITORING OFFICER

Application for the post of:

Surname:

Title:

Forenames:

Home address:  
(For correspondence)

Post Code:

Home phone No:

Business phone No:

Mobile No:

### Disability Discrimination Act 1995

The Disability Discrimination Act 1995 defines a disabled person as someone who has "a physical or mental impairment, which has a substantial and adverse long-term effect on his or her ability to carry out normal day-to-day activities".

If this applies to you, please state your disability:

We will endeavour to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people.

If called for interview, please detail any Special requirements you may have:

# Education/Training

## Secondary Education

From

To

Exams taken and results

## Further & Higher Education Establishment(s):

From

To

Exams taken and results

## Other Education/Training Establishment(s):

From

To

Exams taken and results

## Are you a member of any professional organisations?

(If yes please give details and status below)

## Part-time work

If you are applying for a part-time appointment, please indicate days and times you are available for work.

## Health

Please state:

The number of sickness days you have had in the last 2 years

The number of occurrences

Is your sickness related to a disability? (Please tick)

Yes

No

# Employment History

Present or most recent Employer

Address

Postcode

Position Held

Start Date

Finish Date

Grade/salary

Notice Required

Please give a brief outline of current responsibilities:

Name & Address of Previous Employers

From

To

Position Held and Duties in Brief

**Using the Person and Job Specification as a guide, please tell us why you are suitable for the post and how you satisfy the essential and desirable criteria as outlined. Please use additional sheets as required.** (The Society reserves the right to interview only those candidates that most reach the desired published criteria.)

**References**

Please provide details of two referees, one of whom must be your present/most recent line manager/employer and the other from another manager/employer. Please do not give friends, work colleagues or relatives as referees. We may request that you supply a third referee.

	Referee 1	Referee 2
<b>Name</b>	<input type="text"/>	<input type="text"/>
<b>Address</b>	<input type="text"/>	<input type="text"/>
<b>Post code</b>	<input type="text"/>	<input type="text"/>
<b>Phone no.</b>	<input type="text"/>	<input type="text"/>
<b>Position</b>	<input type="text"/>	<input type="text"/>
<b>Relationship</b>	<input type="text"/>	<input type="text"/>
<b>From/To</b>	<input type="text"/>	<input type="text"/>

**I agree to my referees being approached prior to interview (please tick)**

Yes  No

## Data Protection Act 1998 and Declaration

Applicants are advised that all or any information contained in or obtained from their application may be retained in both manual and computerised format for the purposes of recruitment administration, and, on appointment, personnel, payroll and pensions administration.

Information contained in or derived from unsuccessful applications and/or the recruitment or interview process may be retained in both manual and computerised format for a maximum of 3 years.

The Pharmaceutical Society may use any educational or employment details contained in or obtained from your application to approach persons or organisations for any references which may be required.

I hereby consent to the continued processing of all such sensitive data as outlined above.

I declare that the facts given in support of this application are, to the best of my knowledge, correct. I understand that deliberately falsifying or withholding information in this form or any documentation relating to any future appointment may result in non-appointment or dismissal.

**PLEASE NOTE: Unsigned applications may not be considered.**

Signed

Date

Print Name

## APPLICANT DECLARATION

I declare that the information above is, to the best of my knowledge, correct. On appointment my date of birth shall be given to payroll.

Signed

Date

Please state where you saw the advertisement for this position:

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## FOR OFFICE USE ONLY

Date Received

Criteria met  
(Tick if yes)

Interview granted  
(Tick if yes)

## Equal opportunities monitoring

### Monitoring Information

The Pharmaceutical Society of Northern Ireland is committed to the principle of equal opportunities. We aim to ensure that all appointees are recruited and trained according to their ability to fulfil the requirements of the role.

We are committed to best practice recommendations that employers should regularly monitor the effects of selection decisions to assess whether equality of opportunity is being achieved. For this purpose, we ask you to choose one option from each of the sections listed below and then tick or place an X in the appropriate box.

#### Your age

16 - 24		45 - 54	
25 - 34		55 - 64	
35 - 44		65+	

#### Your gender

<input type="checkbox"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Do not wish to disclose
If you are undergoing the process of gender reassignment, please tick the box that applies to your future gender.					

#### Your disability

The Disability Discrimination Act 1995 (DDA) protects disabled people. The DDA defines a person as disabled if they have a physical or mental impairment, which has a substantial and long term (i.e. has lasted or is expected to last at least 12 months) and adverse effect on the person's ability to carry out normal day-to-day activities.

The list below contains examples of the types of impairment:

- Physical impairment, such as difficulty using your arms or mobility issues which means using a wheelchair or crutches.
- Sensory impairment, such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment.
- Mental health condition, such as depression or schizophrenia.
- Learning disability such as dyslexia or cognitive impairment such as autism.
- Long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy.
- Other, such as disfigurement

Do you consider yourself to have a disability according to the terms given in the DDA?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
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#### Your ethnic group

These are based on the Census 2001 categories, and are listed alphabetically.

#### **Asian, Asian British, Asian English, Asian Scottish, or Asian Welsh**

<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Pakistani
<input type="checkbox"/>	Any other Asian background Specify if you wish:				

#### **Black, Black British, Black English, Black Scottish, or Black Welsh**

<input type="checkbox"/>	African	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	
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	Any other black background Specify if you wish:	
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**Chinese, Chinese British, Chinese English, Chinese Scottish, Chinese Welsh, or other ethnic group**

	Chinese		Any other Chinese background Specify if you wish:	
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**Mixed**

	White and Black African		White and Black Caribbean		White and Chinese
	Any other mixed background Specify if you wish:				

**White**

	British		English		Irish
	Scottish		Welsh		
	Any other White background Specify if you wish:				

**Your religion or belief**

Which group below do you most identify with?

	No religion		Buddhist		Christian (Protestant)
	Christian (Roman Catholic)		Christian (Other)		Hindu
	Jewish		Muslim		Sikh
	Prefer not to say				
	Any other religion Specify if you wish:				

**Your sexual orientation**

	Bisexual		Gay man		Prefer not to say
	Gay woman / lesbian		Heterosexual / straight		
	Other Specify if you wish				

**Your marital status**

	Single, that is never married or in a civil partnership		Married		Separated, but still legally married
	Divorced		Widowed		In a civil partnership
	Separated, but still legally in a civil partnership		Formerly in a civil partnership which is now legally dissolved		Surviving partner from a civil partnership

Thank you for taking the time to complete this form.