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|  | SCHOOL OF PHARMACY  SUPPLEMENTARY APPLICATION FORM  MSc/PG Dip Advanced Pharmacy Practice |

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| **Applicant Name:** |  |
|  |  |
| **Email Address:** |  |

**Please note that this programme is open to applicants who are resident in Northern Ireland only**

***Please provide the following information*:**

1. Confirm that you are employed for a minimum of 2 days per week as a hospital pharmacist and that your employer has confirmed they will support your work-based learning (place an X in the appropriate box).

|  |  |  |
| --- | --- | --- |
| Yes |  |  |
|  |  |  |
| No |  |  |

**2. Your Employment Details**Provide details of your current employer in the table below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and Address of Employer** | **Date Employment Commenced** | **Your Job Title** | **Summary of Duties** |
|  |  |  |  |

**3. Employer Referee Details**Please enter the details of a person from your current employment (as indicated above in Section 2), normally your Manager/Supervisor, who may be contacted to provide a reference. You should advise your referee that you have nominated them to provide a reference on your behalf. In the next section of the online application you will be asked for details of two referees. You should enter the person listed here as your first referee. The second referee should normally be someone connected with your previous studies.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Referee** | **Name and Address of Employer** | **Referee’s Job Title** | **Referee’s email address** |
|  |  |  |  |

1. Please confirm if you hold a certificate of completion for the NICPLD vocational training (VT) or foundation programme (place an X in the appropriate box). Your certificate for this programme will need to be uploaded at the time of application.

|  |  |  |
| --- | --- | --- |
| Yes |  |  |
|  |  |  |
| No |  |  |

Please be advised that if you have answered ‘no’ in the box above you will be required to submit a portfolio of evidence that demonstrates equivalent experience. Please contact the Programme Director, Dr McCaw ([b.mccaw@qub.ac.uk](mailto:b.mccaw@qub.ac.uk)) at the School of Pharmacy for further guidance.

**Action you should now take:**

* You must upload this completed supplementary form as part of your application via the postgraduate application portal. Please select the ‘Upload Document’ link which is located under the ‘Additional Information’ section of the application.
* You must upload your NICPLD vocational training (VT) or foundation programme certificate as part of your application via the postgraduate application portal. Please select the ‘Upload University Transcript’ link which is located under the ‘School Certificates and University Transcript’ section of the application. You should upload **both** your academic transcript and NICPLD vocational training (VT) or foundation programme certificate combined together in one file.