|  |  |  |
| --- | --- | --- |
|  | | SCHOOL OF PHARMACY  SUPPLEMENTARY APPLICATION FORM  MSc/PG Diploma/PG Certificate Advanced Clinical Pharmacy Practice |
| **Applicant Name:** |  | |
|  |  | |
| **Email Address:** |  | |

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

1. Are you currently employed as a Pharmacist? (Place an X in the appropriate box.) If you have selected yes, please complete questions 2 – 3. If no, please go to question 4.

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

1. **Your Employment Detail**Provide details of your current employer in the table below, indicating if you are working full-time or part-time.

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

1. **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.

***Please note:*** *In providing this information, you are confirming that**your employer is happy to support your learning.*

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

1. **Registration**

* **UK Pharmacists:**

I am registered with (Place an X in the appropriate box and give your Registration Number):

|  |  |  |
| --- | --- | --- |
| Pharmaceutical Society NI |  |  |
|  |  |  |
| General Pharmaceutical Council |  |  |

|  |  |
| --- | --- |
| Registration Number: |  |

* **Non-UK Pharmacists:**

|  |  |
| --- | --- |
| Registration Body: |  |
| Registration Number: |  |

1. **For International applicants whose first language is not English:**

Can you provide official confirmation from the awarding institution to confirm that your Undergraduate Pharmacy degree was taught and assessed in the medium of English? (place an X in the appropriate box).

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

*If* ***yes****, please upload official confirmation from the awarding institution to confirm that your degree was taught and assessed in English. This should be uploaded along with your academic transcript.*

*If* ***no****, please upload evidence of your English language qualification with your application or advise if you are taking an appropriate English language qualification (eg IELTS or TOEFL). This should be entered in the English Language section of the application.*

**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.