**School of Pharmacy**

**Work Experience Application Form**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Preferred dates for your work experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you interested in:**

**Pharmacy (MPharm)**

**BSc in Pharmaceutical Sciences / Pharmaceutical Biotechnology**

**Please provide details of the GCSEs, AS levels and A Levels that you hold or are studying for:**

**Please return the completed form by post to:**

**Dr Heather Anderson, School Manager, School of Pharmacy, Medical Biology Centre, Lisburn Road, Queen’s University Belfast, BT9 7BL.**

**Or, email to:** **h.anderson@qub.ac.uk**

**Please provide details of what Universities and course you are planning to apply to:**

**Please describe why you would like to carry out your work experience in the School of Pharmacy:**

**Please describe what you hope to achieve from your work experience in the School of Pharmacy?**

**Please provide details of any work experience you have gained so far related to Pharmacy:**

**Please provide details of which Universities and courses you plan to apply to:**

**Please return the completed form by post to:**

Ms Nicola Magill

School of Pharmacy

Queen’s University Belfast

97 Lisburn Road

Belfast, BT97BL

Or by email to: n.magill@qub.ac.uk

**Forms must be returned by Monday 10 November 2014**