



**Registered Address:** St Martins Medical Centre, Manor Stores, Les Camps Du Moulin, St Martins, GY4 6DA

**Tel:** 01481 232999    **Fax** 01481 232998    [www.healthcarepharmacies.com](http://www.healthcarepharmacies.com)

PLEASE READ AND COMPLETE THIS FORM FULLY IN BLOCK CAPITALS IN YOUR OWN HANDWRITING AND RETURN TO THE RELEVANT PHARMACY

POSITION APPLIED FOR \_\_\_\_\_

**WHICH BRANCH?**

ADMIRAL PHARMACY		ROHAIS PHARMACY	
COBO HEALTH AND BEAUTY		ST MARTINS HEALTHCARE PHARMACY	
COBO PHARMACY		NO PREFERENCE	

**PERSONAL DETAILS**

SURNAME/TITLE _____	ADDRESS _____
PREVIOUS NAME (S) _____	_____
FORENAME(S) _____	_____
DATE OF BIRTH _____	P.CODE _____
SOCIAL INSURANCE NO _____	TEL NO _____
RIGHT TO WORK REFERENCE NO _____	

**EDUCATION**

SECONDARY AND HIGHER EDUCATION – NAME & ADDRESS	FROM	TO
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**EDUCATION CONT.**

GCSE/GCE OR EQUIVALENT SUBJECT	GRADE	DATE	A LEVEL OR EQUIVALENT	GRADE	DATE

**SPECIALIST TRAINING/QUALIFICATIONS**

QUALIFICATIONS/COURSE	TRAINING ORGANISATION	FROM	TO

**CURRENT EMPLOYMENT**

NAME AND ADDRESS OF CURRENT EMPLOYER	JOB TITLE AND FULL RESPONSIBILITIES	SALARY INCLUDING BENEFITS	REASON FOR LEAVING/INTENTION TO LEAVE

## PREVIOUS EMPLOYMENT

PLEASE ATTACH ADDITIONAL DETAILS ON A FURTHER SHEET IF REQUIRED

NAME & ADDRESS OF PREVIOUS EMPLOYER (FULL POSTAL ADDRESS REQUIRED)	TITLE & DUTIES	DATE FROM/TO	REASON FOR LEAVING
1.			
2.			
3.			

PLEASE DETAIL ANY ADDITIONAL ACTIVITIES/RESPONSIBILITIES WHICH MAY SUPPORT YOUR APPLICATION AND THE REASONS WHY YOU HAVE CHOSEN TO APPLY TO HEALTHCARE PHARMACIES LIMITED.

## MEDICAL HISTORY

PLEASE GIVE DETAILS OF ANY MEDICAL CONDITION, PAST OR PRESENT, OF WHICH WE SHOULD BE AWARE

PLEASE DETAIL ANY ILLNESS DURING THE PAST TWO YEARS INCLUDING LENGTH OF TIME ABSENT FROM WORK/SCHOOL.

DO YOU SMOKE? YES / NO

HAVE YOU EVER LEFT A JOB DUE TO A MEDICAL CONDITION? YES / NO

HAVE YOU EVER SUFFERED FROM ANY BACK/FEET CONDITIONS? YES / NO

## OTHER RELEVANT INFORMATION

DO YOU HAVE A CURRENT DRIVING LICENCE? YES / NO

DO YOU HAVE YOUR OWN TRANSPORT? YES / NO

DO YOU HAVE ANY EXPERIENCE IN A CUSTOMER FACING ROLE? YES / NO

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE? YES / NO

**\*\*DUE TO THE NATURE OF OUR BUSINESS, A POLICE CHECK IS CARRIED OUT ON SUCCESSFUL APPLICANTS\*\*  
THEREFORE, IF SUCCESSFUL, YOU WILL BE ASKED TO PROVIDE A CURRENT POLICE RECORD.**

## REFEREES

PLEASE PROVIDE NAMES AND ADDRESSES OF TWO REFEREES WHO HAVE GIVEN PERMISSION FOR THEIR NAMES TO BE USED. THESE SHOULD NOT BE RELATIVES, AND ONE SHOULD BE YOUR MOST RECENT EMPLOYER.

1. NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TEL NO \_\_\_\_\_

Do you wish for this referee to be contacted prior to interview YES/NO

2. NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TEL NO \_\_\_\_\_

Do you wish for this referee to be contacted prior to interview YES/NO

## DECLARATION

I DECLARE THAT THE INFORMATION GIVEN ON THIS APPLICATION FORMS IS, TO MY KNOWLEDGE, TRUE. I UNDERSTAND THAT IF IT IS SUBSEQUENTLY DISCOVERED THAT ANY STATEMENT IS FALSE OR MISLEADING, AN OFFER OF EMPLOYMENT MAY BE WITHDRAWN OR I MAY BE DISMISSED FROM EMPLOYMENT BY THE COMPANY WITHOUT COMPENSATION. I ALSO AGREE TO A MEDICAL EXAMINATION IF REQUIRED.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## FOR OFFICE USE ONLY

DECISION \_\_\_\_\_ REASON \_\_\_\_\_

SHOP \_\_\_\_\_ JOB TITLE \_\_\_\_\_

SALARY £ \_\_\_\_\_ UNIFORM \_\_\_\_\_

DATE OF COMMENCEMENT \_\_\_\_\_ CONTRACT PREPARED \_\_\_\_\_