



# LOCUM PHARMACIST APPLICATION FORM

Please write in **BLOCK LETTERS** using black ink. **COMPLETE ALL SECTIONS.**

**2x  
PASSPORT  
PICTURE**

## SECTION I APPLICANT INFORMATION

**First Name**.....

**Last Name**.....

**Date of Birth** .....

**Gender:**    Male     Female

**Nationality**.....

**Postal Address**.....

**Residential Address**.....

.....

**Email Address**.....

**Mobile/Telephone Number**.....

**Licence Number**.....

**Preferred Mode Of Contact:**

Phone     E-mail     Any Other Please Specify

**Proof of Identification**.....

*(Original and photocopy to be retained on applicant file after verification)*

## LOCUM PHARMACIST APPLICATION FORM

### SECTION II

**Qualifications held (Please list all qualifications in chronological order. Please provide copies of certificate(s) including Certificate of Registration as a Pharmacist).**

INSTITUTION	Date		QUALIFICATION
	From	To	

### **FITNESS TO PRACTICE**

Have you ever been the subject of a professional conduct/competence enquiry?

Yes       No

Are you aware of any professional conduct/competence enquiries being considered against you?

Yes       No

Please give further detail on a separate sheet if you have answered YES to either question above.



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## SECTION III

### You as a Locum Pharmacist

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What sort of locum work are you looking for (tick all that apply)

Office Hours(8.00 Am-5.00 Pm)

Out of Hours(After 5.00 Pm – Before 8Am)

Weekend

Weekdays

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How soon can you start working:

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Are there any areas that you prefer to work in?  Yes  No

If yes please let us know:

Area 1 :

Area 2:

Area 3:

Area 4:

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How far are you willing to travel? .....

How did you hear about us? Example: 360GV brochure, media advertisement, online search, a friend/colleague, 360GV Staff, WhatsApp, Facebook, Twitter, Instagram, Other (Please specify)

## LOCUM PHARMACIST APPLICATION FORM

### REFEREES

Please let us have the names of two people who know you professionally and who would be able to comment on your practice. Of these at least one must be your last substantive employer/ long term locum (if applicable). Normally, referees who have not worked with you in the last two years are not acceptable. Family members, friends and neighbours may not act as referees.

#### Name of referee

Institution/Organisation

Relationship to you

Sign

#### Name of referee

Institution/Organisation

Relationship to you

Sign



# LOCUM PHARMACIST APPLICATION FORM

## BANK DETAILS

BANK NAME: .....

BANK ADDRESS: .....

.....

ACCOUNT NAME: .....

ACCOUNT NUMBER: .....

## WORKING WITH US AND PAYMENTS

- ANY PAYMENTS MADE TO YOU SHALL BE MADE DIRECTLY INTO YOUR BANK ACCOUNT
- THESE PAYMENTS WILL BE MADE TO THE ABOVE ACCOUNT UNLESS OTHERWISE SPECIFIED, IN WRITING.

## SECTION IV

### DECLARATION

By signing below; you confirm that the information that you have provided in this form is complete and true. You also confirm that you have reviewed and agree to our terms of engagement. Further, you consent to us checking the details provided in support of this application against various data sources in order to verify your qualifications and experience.

**Signature of Applicant** ..... **Date**.....



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## SECTION V

### FOR OFFICIAL USE ONLY

#### **Application check list**

- Copies relevant certificates submitted
- Copy of Identification details
- Application and training fee

Signature: .....

(Administrator)