



APPLICATION FORM - PHARMACY MANAGER

Please complete all parts of this form in BLOCK CAPITALS

About You

Title and First Name/s	Full Address	
Surname	Postcode	
Position applied for	National Insurance Number	
Job Reference Number	Home Number	Mobile Number
GPhC Number	Email Address	
Registered Name (if different from above)		

About Your Work History

Starting with your most recent job, please briefly indicate your work history. Please enter your last three employers. The Company reserves the right to approach all former employers and will approach the last two employers for a reference once you have been offered employment. Any offer of employment will be conditional upon the receipt of satisfactory references.

PLEASE COMPLETE IN FULL ALL SECTIONS

Present / Last Employer	From	Job Title
	To	Salary / Hourly Rate
Full Address	Name of Manager	
	Telephone Number	
	Email Address	
	Postcode	
Duties and Responsibilities		
Reason for Leaving		
Other benefits including holidays		

About Your Work History

Previous Employer	From	Job Title
	To	Leaving Salary / Hourly Rate
Full Address Postcode	Name of Manager	
	Telephone Number	
	Email Address	
	Duties and Responsibilities	
Reason for Leaving		

Previous Employer	From	Job Title
	To	Leaving Salary / Hourly Rate
Full Address Postcode	Name of Manager	
	Telephone Number	
	Email Address	
	Duties and Responsibilities	
Reason for Leaving		

We require a full record of your employment. If there are any gaps in your employment please indicate below (*please use a separate sheet if required*)

Employer's Name	Job Title	Employment From/To	Reason for Leaving

Education and Professional Qualifications

Please give details of secondary school, further education and any professional qualifications gained

School / Academic Establishment	Qualification Gained	Grades

Details of membership to any professional bodies

Are you currently the subject of Fitness to Practice investigation or proceeding by the RPSGB/GPhC? YES NO

Have you ever been removed from the register? YES NO

Have you ever been investigated by the RPSGB/GPhC in the past? YES NO

Other General Information

Are you related to anybody who works for the Cohens Group including any of the Directors? YES NO
If Yes please give details

Do you hold a full driving licence? YES NO Does your insurance include business use? YES NO

Would you be prepared to use your vehicle in the course of your job if necessary? YES NO

Do you have any other employment that you intend to continue if you are successful? YES NO
If Yes please describe the nature of that employment including the days and hours you are committed to work

Have you ever been convicted of a criminal offence which is not considered SPENT under the Rehabilitation of Offenders Act 1974? *If so please give details*

Are you aware of any medical condition or disability you have that you wish to share with us to enable the Company to support you in your application or prospective employment? YES NO *If Yes please give details*

About your Skills, Knowledge and other attributes

Please tell us why you have chosen to apply for a position with the Cohens group (including why you feel you are suitable for the position you have applied for)

Please provide additional information to support your application (i.e details of your key attributes and key achievements/skills which are applicable to your application)

Please give an example of when you have been an effective people manager

About your right to work in the UK

Do you require a work permit to work in the United Kingdom? YES NO

If so you will be required to produce identification to prove you are eligible to work in the UK. You will be advised which documents to bring when you are invited to an interview.

Declaration

I declare that all the information I have given is true to the best of my knowledge and belief. I understand that if I have given any information I know to be false or failed to disclose information I know to be relevant, it may lead to my application being rejected or, if I have been appointed, to my dismissal. I understand that any offer of employment is subject to the receipt of satisfactory references and receipt of proof of my right to work in the UK.

Signature..... Print Name Date.....

IF YOU DO NOT HAVE A RESPONSE FROM US WITHIN 3 WEEKS OF APPLYING PLEASE ASSUME THAT UNFORTUNATELY ON THIS OCCASION YOU HAVE NOT BEEN SUCCESSFUL

Please post this application from to:

HR Department, Cohens Group, Lynstock House, Lynstock Way, Lostock, Bolton BL6 4SA

or email to:

recruitment@cohenschemist.co.uk

(Please quote the **job reference number** in the subject box of the email for your application to be processed)

www.cohenschemist.co.uk