**Information for Applicants**

**Clinical Pharmacy Practice Programme**

**ACADEMIC REFERENCE FORM**

We have received an application from a student who wishes to join the Clinical Pharmacy Practice Programme and they have given your name as someone who would be willing to provide an academic reference for them. The details of the student are presented below.

***Please complete sections two and three of this form and return it to:***

**Rachael Kennedy** l **Programme Administrator** l **Advanced Programmes in Pharmaceutical Practice & Therapeutics** l **Department of Pharmacy & Pharmacology** l **University of Bath** l **Bath BA2 7AY**

**Alternatively, you can email it to:** **ap3t-admin@bath.ac.uk** **tagged as CONFIDENTIAL**

Please note that in accordance with the recent amendments to the Data Protection Act we may be required to provide a copy of this reference to the applicant named below if requested to do so.

**Section One – About the applicant**

*(PLEASE COMPLETE IN CAPITALS)*

Surname or Family Name

First Names

Day time telephone number Mobile telephone number

Email address

**Section Two – About the Referee**

*(PLEASE COMPLETE IN CAPITALS)*

Name:

Position/Job Title:

In what capacity did you know the applicant?

**Section Three – Reference**

Please provide a statement about the academic credentials of the above named student, along with an assessment of their ability to undertake a programme of higher education as outlined above.

**Section Four - DECLARATION**

I confirm that the information contained within this application is accurate.

Signed Date