**Information for Applicants**

**Clinical Pharmacy Practice Programme**



**EMPLOYER 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 a professional reference for them. The details of the student are presented below.

**Please complete sections two, three and four 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 do you know the applicant?

Section Three– Financial Support for this programme

If you are providing financial support for the applicant on this programme, can you please provide details of the extent of this support and the name and address to which invoices should be sent.

* This institution will support the above-named applicant’s tuition fees
* This institution will support the above-named applicant’s workshop accommodation & subsistence costs

Name of sponsoring organisation:

Address for invoices:

Any other relevant information (Purchase Order etc.)

Section Four – Reference

Please provide a statement about the professional competencies as a Pharmacist of the above-named student, along with an assessment of their ability to undertake the programme as outlined above.

Section Four – Reference continued….

Section Five –DECLARATION

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

Signed Date