**Reference Request Form**

Clinical Pharmacy Practice Programmes



## **Section 1: Applicant Details**

|  |  |
| --- | --- |
| Applicant name (as it appears on their professional registration) |  |
| Course or Unit applied for  *For example, Advanced Clinical Assessment unit or Secondary Care Diploma* |  |
| Applicant email address |  |

## **Section 2: Referee Details**

|  |  |
| --- | --- |
| Your name |  |
| Your Position/Job Title |  |
| Your professional registration number if applicable |  |
| Your email address |  |
| Your telephone number |  |
| Your address |  |

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| --- |
| In what capacity and for how long have you known the applicant? |
|  |

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| --- |
| Do you consider this to be an academic or professional reference? |
|  |

## **Section 4: Reference**

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| --- |
| Please provide a statement about your knowledge of the professional abilities and/or academic qualifications of the above-named applicant.  Please include your assessment of their ability to undertake the proposed programme or unit of study, noting that all parts of our programme are delivered at Master’s level (FHEQ level 7). |
|  |

## **Section 4: Declaration**

I declare all the information provided in the above form is correct to the best of my knowledge and belief.

|  |  |
| --- | --- |
| Full name |  |
| Date |  |
| **Please complete this form in full and return it to the applicant for them to upload to their online application.**  **This document forms an important part of the application and if it is incomplete, it may delay the processing of the application, and potentially mean an offer cannot be made during this application round.** | |