*Clinical Pharmacy Practice*



*Department of Pharmacy & Pharmacology*

EMPLOYER REFERENCE FORM

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

***Please complete sections two, four and five of this form and return it to the applicant for them to upload to their on-line application.***

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
* The applicant will be funding the tuition fees

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 applicant, along with an assessment of their ability to undertake the programme as outlined above.

Section Five –DECLARATION

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

Signed Date