## https://cpscotland.sharepoint.com/c-a/Brand/Brand/Refresh 2015/New Logos/CPS_MASTER LOGO_CMYK_JPG.jpg

## APPLICATION FORM

## It is important that you complete all sections of the application form. You may supply additional material if relevant. Applications should be returned to the email address provided below. [enquiries@cps.scot](mailto:enquiries@cps.scot)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Post: Data Analyst** | | | | | | |  |
| PERSONAL DETAILS | | | | | | | |
| Surname: | | | | Title (Mr/Mrs/Miss/Ms): | | | |
| Forename(s): | | | | | | | |
| Home Address (including postcode): | | | | | | | |
|  | | | | | | | |
| Tel no: | | | Mobile no: | | | | |
| Work Address (including postcode): | | | | | | | |
|  | | | | | | | |
| Tel no: | Email (work  home ): | | | | | | |
| May we contact you by telephone  or email at work? (please indicate as appropriate) | | | | | | | |
| Period of notice in present post: | | | | | |  | |
| National Insurance No.: | | Do you need permission to work in the UK?:   Yes  No | | | | | |
| Are you in good health? Yes  No . If not, please state the reason(s): | | | | | | | |
|  | | | | | | | |
| How many days sickness absence have you taken in the last two years? | | | | | | | |
| Please give your present/last salary and details of any additional overtime or allowances payable | | | | | | | |
| £       (per week/month/year) | | | | | | | |
| Please note: salary details of appointee may be verified | | | | | | | |
|  | | | | | | | |
| REFERENCES | | | | | | | |
| Please provide the names and addresses of two referees (one of whom should normally be your manager/supervisor at your current workplace). Relatives may not be given as referees. | | | | | | | |
| 1. | | | | | 2. | | |
| Tel no:  Fax no:  Email address:  Job title of referee:  Relationship to you: | | | | | Tel no:  Fax no:  Email address:  Job title of referee:  Relationship to you: | | |
| Please indicate  if you do not wish us to contact your current employer prior to interview. | | | | | | | |

**EDUCATION AND QUALIFICATIONS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Secondary School/College/University | Examinations passed | From (mth/yr) | To (mth/yr) | Grades |
|  |  |  |  |  |

**CURRENT AND PREVIOUS APPOINTMENTS** (please start with most recent)

|  |  |  |  |
| --- | --- | --- | --- |
| Employer's name, address and type of business | Positions held (briefly describe duties) | From (mth/yr) To (mth/yr) | Reason for leaving |
|  |  |  |  |
| Please state below why you are interested in applying for the post and indicate how your skills, past achievements, experience and personal qualities make you suited to this job. You may attach an additional sheet if you wish. | | | |
|  | | | |

**Equal opportunities**

Community Pharmacy Scotland is committed to promoting and developing equality of opportunity in all areas of its work. In order to achieve this aim, Community Pharmacy Scotland will seek to ensure that prospective and current job applicants and members of staff are treated solely on the basis of their merits, abilities and potential without any unjustified discrimination on grounds ofage, sex, disability, family circumstances, race, colour, nationality, citizenship, ethnic origin, social and economic status, religious belief, sexual orientation, marital status or other irrelevant distinction.

**DATA PROTECTION STATEMENT**

Access to this information will be restricted to a limited number of Community Pharmacy Scotland staff.

I give my consent to this information being processed and stored (by means of a computer database or otherwise) as described above, for the duration of my contract of employment and to fulfil the statutory, or recommended, retention periods when I am no longer an employee at Community Pharmacy Scotland.

I confirm that all the information given on this form is complete and correct by signing below.

Signature: ..................................................................................

Date: .........................................................................................

Please note that failure to disclose relevant details or a deliberate attempt to falsify information may lead to dismissal.

|  |  |
| --- | --- |
|  |  |

**DISABIL****ITY DISCR****IMINATION ACT 1995**

Community Pharmacy Scotland wishes to ensure that disabled people are not discriminated against, either directly or indirectly, both in recruitment/selection and in employment. If you are selected for interview and you consider yourself to be disabled, we may contact you to find out if there are any particular arrangements you may need for the interview. You are not obliged to answer the following question or to give details.

As defined by the act - a disability is "a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities", do you consider yourself to be disabled?

YES  NO

If appropriate, please describe any requirements which may be necessary for an interview.

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