**ADVANCED PHARMACIST ASSESSMENT PANEL (APAP)**

**MEMBER APPLICATION FORM**

**Please ensure you include a copy of your CV with this application**

|  |  |
| --- | --- |
| **1. Personal details** | |
| **Title:**  **First name:**  **Surname:** | |
|  | |
| Address: | |
|  | |
| Email address: | |
| Preferred contact telephone number: | |
| RPS membership number (pharmacists only): | |
| **2. Panel role** | |
| Select below the membership role(s) within the APAP for which you would like to apply (you may select more than one): | |
|  | (X) |
| Community pharmacy representative |  |
| Primary care representative |  |
| Hospital pharmacist representative |  |
| England representative |  |
| Wales representative |  |
| Scotland representative |  |
| Pharmacists with education / assessment expertise |  |
| Non-pharmacist clinical representative (at advanced/consultant) |  |
| **3. Experience relevant to selected membership role(s)** | |
| Please outline the **relevant knowledge, skills and previous experience** you have in relation to the specific membership role(s) for which you are applying. If relevant, refer to how this work applies to advanced and/or consultant level practice. [300 words] | |
|  | |
| **4. Experience of educational quality assurance** | |
| Please outline any **relevant previous experience** you have in quality assuring education activities and/or assessment processes & outcomes. If relevant, refer to how this work applies to advanced and/or consultant level practice. [300 words] | |
|  | |
| **5. Experience of working on committees and/or panels** | |
| Please outline any **relevant previous experience** you have in working collaboratively on committees or panels to discuss and reach decisions. If relevant, refer to how this work applies to advanced and/or consultant level practice. [300 words] | |
|  | |

I certify that the information I have given in this application is true and complete to the best of my knowledge and that I include a CV to support my application. I also consent to the RPS using the data in my application in line with their [Privacy Policy](https://www.rpharms.com/footer-links/terms-conditions/privacy-policy).

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| --- |
| Declaration |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed** | *Please type name here* | **Date** |  |

Please email your completed application form and CV to: [education@rpharms.com](file:///C:\Users\Gail.Fleming\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\A2H3B3H5\education@rpharms.com)

Or post to: Education dept, 66-68 E Smithfield, Whitechapel, London E1W 1AW