

## LloydPharmacy Application Form

### Applicant details

Your Title	<input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr
Your Name	
Your Number	
Your Address	
Your Email	
National Insurance Number	

### Emergency Contact Information

Contact Name	
Address	
Relationship to you	
Telephone Number	
Email address	

### Position Details

Position applying for	
Where did you hear about the vacancy?	
<input type="checkbox"/> Poster in branch <input type="checkbox"/> via a friend or family member <input type="checkbox"/> online <input type="checkbox"/> newspaper advert <input type="checkbox"/> job centre <input type="checkbox"/> other	
Please provide details of other -	

Do you have any family that currently works for LloydsPharmacy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, which branch do they work in and in what position?	
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Have you worked for LloydsPharmacy previously?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes	
Branch worked in:	
Position held:	
Line Manager name :	
Dates worked from and to:	

### Availability to work

What is the maximum number of hours you can work each week?	
Are there any days during the week you cannot work?	
Are there any particular times during the week you cannot work?	

## Transport

Do you have a valid UK driving license?

☐ Yes ☐ No

Do you have any points on your license?

☐ Yes ☐ No

If yes please provide details

Do you have your own transport?

☐ Yes ☐ No

If no, are you able to get to the branch you are applying for at the times required via public transport?

☐ Yes ☐ No

## Education history

Secondary School/College/University	Dates from:	Dates to	Qualification Gained

## Professional Pharmacy Qualifications

If you are applying for a position which requires you to hold a professional pharmacy qualification and are successful in securing a position with LloydsPharmacy, your offer of employment will be subject to receiving proof of the qualifications you hold.

Do you hold a valid Healthcare Assistant (HCA) qualification?

☐ Yes ☐ No

If yes, state the date you gained this qualification and the course provider

Do you hold a valid Dispenser qualification?

☐ Yes ☐ No

If yes, state the date you gained this qualification and the course provider

Do you hold a valid NVQ3 Dispensing qualification?

☐ Yes ☐ No

If yes, state the date you gained this qualification and the course provider

GPhC registration number

Have you completed an Accredited checking technician course?

☐ Yes ☐ No

If yes, state the date you gained this qualification and the course provider

## Employment history and Reference Details

### Your reference nominations

We would like you to provide a minimum of 2 references to cover your last 3 years of employment prior to joining our company. If you need to provide more than 2 references to cover the last 3 years employment, please use the back of this form.

If you are successful in securing a role with LloydsPharmacy your offer of employment will be subject to receiving satisfactory references.

Name of employer	Dates from and to	Position Held	Referee contact information
	From		Name
			Position
	To		Telephone number
			Email address
	From		Name
			Position
	To		Telephone number
			Email address
	From		Name
			Position
	To		Telephone number
			Email address
	From		Name
			Position
	To		Telephone number
			Email address

### Your application declaration; work permit requirements

Can you confirm that you have the right to work in the UK?

☐ Yes ☐ No

Do you require a work permit to work in the UK?

☐ Yes ☐ No

If Yes – please state type of permit required and the expiry date

You must provide proof of eligibility to work in the UK when attending interview.

### Disclosure and Barring Service Check (previously called Criminal Records Bureau Check – CRB)

Do you hold a current Disclosure and Barring Service check (DBS)?

☐ Yes ☐ No

Are you registered on the DBS check register?

☐ Yes ☐ No

If so please provide your registration number

If the position you are applying for requires LloydsPharmacy to carry out this check are you happy for us to do this?

☐ Yes ☐ No

### Your application declaration; rehabilitation of offenders act

Have you been convicted of a criminal offence, or are there any criminal charges outstanding against you?

(Please note pharmacy is not subject to the rehabilitation of offenders act 1974 and as such all convictions, cautions, penalty notice disorders, warnings or reprimands even when spent must be disclosed.)

☐ Yes ☐ No

If yes please provide details -

### Your applicant declaration; data protection act 1998

The Celesio Group (UK) will use the information you have provided to process your application for employment and in aggregate (and therefore anonymously for market research purposes). The applicant declaration requires you to provide sensitive personal data. For some positions we may make checks against police records or with other appropriate agencies for security purposes, and as such may need to disclose your information to the relevant agency for these purposes. If your application is successful and you accept a position with us, the information you provide on this form and which we obtain through your references referred to within this form, will form part of your personnel records. By returning your completed form to us you signify your consent to us processing your sensitive personal data for the purpose specified. Further information is contained in the enclosed Privacy Policy Statement.

### Declaration

I authorise the Company to obtain references to support this application once an offer has been made and accepted, or otherwise agreed. I release the Company and referees from any liability caused by giving and receiving information. I certify that all the information provided in this application form, together with any other information that I may provide during the course of my application, is true and accurate to the best of my knowledge and belief.

Signature

Date

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LloydsPharmacy

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**LloydsPharmacy**