



Aberlour PHARMACY

Application Form: Dispensary Assistant at Aberlour Pharmacy

Please complete this form and return it to **Aberlour Pharmacy, 112 High Street, Aberlour, AB38 9NX** or email to **nhsg.aberlourcp@nhs.net** Thank you.

Name: _____

Address: _____

Email address _____ @ _____

Phone number (home and / or mobile) _____

Date of Birth _____

Please write below any information that you think would help us understand why you would be the best dispensary assistant for our pharmacy. If you want to continue on the back of the form or on another page, please do.

Please attach a statement of your educational record / qualifications and employment history.

Please give the contact details of two people we can contact for references. It is usual to check that they are happy to give you a reference before handing in the an application form.

First Reference

Name: _____

Address: _____

Email address: _____

Phone Number: _____

Second Reference

Name: _____

Address: _____

Email address: _____

Phone Number: _____

The successful applicant will be required to sign a confidentiality agreement. The HR / legal advisors employed by the pharmacy will take the steps required to confirm that the successful applicant has the right to work in the UK.

Thank you for your application, we will reply to you shortly.