

Please complete this form electronically and email to: [pgpharmacyrecruitment@dmu.ac.uk](mailto:pgpharmacyrecruitment@dmu.ac.uk)

## 1 Programme of study: MSc Clinical Pharmacy

**Start date** Year  September / October Intake  January / February Intake

## 2 Applicant's details:

**Title** Mr  Mrs  Miss  Ms  Dr  Other (please specify)

**Surname**  **Other names**

**Gender (tick one)** Male  Female  **Date of birth** Day  Month  Year

**Permanent home address**

**Postcode**

**Telephone**  **Mobile**

**Email**

**Address for correspondence (if different from above)**

**Postcode**  **GPhC Number**

**To be used until**  Unless other instructions are given, subsequent correspondence will be sent to the permanent home address

**Telephone**  **Mobile**

**Email**

**Nationality**  **Country of birth**

**Country of permanent residence**

**Applicants not born in the United Kingdom please state date of last entry to the UK**

Day  Month  Year

## 3 Fees/sponsorship:

**Who is expected to pay fees?** Applicant  Local Education Authority  Research Council

Employer  Sponsor/Parent/Guardian  Other (please specify)

**Name and address to which fee invoice is to be sent (if other than applicant)**

If your attendance at the university will be conditional upon the agreement of your employer, please tick

#### 4 Education: first degree onwards

Institutions attended	Date started	Date finished	Examinations taken and qualifications obtained	Grade	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Examinations to be taken/with results pending (give subject and qualification)	Grade	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### 5 Employment experience

Present position  Date of appointment

Workplace address

Telephone

##### Details of previous posts held

	From	To
<input type="text"/>	<input type="text"/>	<input type="text"/>

## 6 Supporting statement

**Why do you wish to study this course?** (Please use additional paper if necessary. Minimum 250 words.)

## 7 English language proficiency

**What is your first language?**

**If your first language is not English, please give your IELTS score**  **or**

**TOEFL score**  **(if applicable)**

**If you have not taken an English test yet, what date do you plan to take it?**

Day   Month   Year

**What other English language qualifications do you hold?**

**How many years have you studied English language?**

**Have you been taught in English in your home country?** Yes  No  If yes, please give details

**You have provided the required evidence of English language proficiency to the GPhC.** Yes  No

## 8 Disability

**Please circle from the list below the statement which is most appropriate to you:**

- 000 You do not have a disability, nor are you aware of any additional support requirements
- 010 You have dyslexia
- 020 You are blind/partially sighted
- 030 You are deaf/have a hearing impairment
- 040 You are a wheelchair user/have mobility difficulties
- 070 You have an unseen disability (eg diabetes, epilepsy, asthma)
- 080 You have two or more of the above difficulties/special needs
- 090 You have a disability not listed above (please give details on a separate sheet)

**Does your disability mean that you have additional support needs?** Yes  No

If yes, we will contact you to determine appropriate support for you.

## 9 Planning statistics

Ethnic origin (please note that this information WILL NOT be made available to Admissions Tutors for selection purposes)

Complete this section only if you have shown in Section 2 of the form that your area of permanent residence is in the UK.

Please choose your ethnic origin and write its code in the boxes.

### White

British	11
Irish	12
Other white background	19

### Black or black British

Caribbean	21
African	22
Other black background	29

### Asian or Asian British

Indian	31
Pakistani	32
Bangladeshi	33
Chinese	34
Other Asian background	39

### Mixed

White and black Caribbean	41
White and black African	42
White and Asian	43
Other mixed background	49

Other ethnic background	80
Not given (UK domicile)	90
Overseas domicile	99

## 10 Market research

In order to assist us to market our courses more effectively, could you please specify how you came to hear of our course? Please tick one box.

Prospectus  TV advert  Careers office  Careers fair  Radio advert   
Own initiative  Press advert  Other (please specify)

## 11 References

Please provide one reference which must be from a current employer.

The reference needs to discuss your attitude and aptitude to work and your suitability for postgraduate study – not just confirm employment.

The reference should be from an organisational email address or on organisational headed paper and should be emailed directly from your employer to [pgpharmacyrecruitment@dmu.ac.uk](mailto:pgpharmacyrecruitment@dmu.ac.uk).

### Referee details

Name  Position   
Address   
Telephone  Email

## 13 Declaration

I declare that, to the best of my knowledge, the information I have given above is correct in every detail. If enrolled, I agree to abide by the regulations in force at the time.

Applicant's signature  Date

The completed application form should be returned to: [pgpharmacyrecruitment@dmu.ac.uk](mailto:pgpharmacyrecruitment@dmu.ac.uk)

Checklist for additional information to send with your form or as soon as possible afterwards:

Proof of English language proficiency (if applicable)  Degree certificate  
 Other