**Early Careers Pharmacist Advisory Group**

**Member Application Form**

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

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| **1. Personal details** |
| **Full name:****Job role:** **Date\or planned date of registration as a pharmacist with GPhC:** |
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| Email address:  |
| Preferred contact telephone number:  |
|  RPS membership number:  |

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| **2. What are your ambitions for the RPS ECP Advisory Group?** |
| Please outline your ambitions for the RPS Early Careers Pharmacist Group [250 words] |
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|  **3. What is your connection with RPS and what does RPS mean to you?** |
| Please summarise how you are connected with RPS to date and what RPS means to you [250 words] |
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| **4. How will your skills and experience contribute to the RPS ECP Advisory Group?**  |
| Please outline your ambitions for the RPS Early Careers Pharmacist Group [250 words] |
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| Declaration |

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

Please email your completed application form and CV to: [education@rpharms.com](file:///C%3A%5CUsers%5CGail.Fleming%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5CA2H3B3H5%5Ceducation%40rpharms.com)

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