**Application form for the Panel of Fellows**

**Applicants are asked to complete this application form and submit a CV.**

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| --- | --- |
| **Contact Details** | |
| **Full Name:** |  |
| **Membership Number:** |  |
| **Address:** |  |
| **Telephone Number:** |  |
| **Email Address:** |  |
| **Date of Birth:** |  |
| **Date Awarded Fellowship:** |  |
| **Signature:** |  |

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| --- | --- | --- |
| **Educational and Employment History** | | |
| **Qualifications:** | | |
|  | | |
| **Current Appointments:** | | |
|  | | |
| Previous Employment *Please enter in chronological order, most recent first.* | | |
| Employer | **Dates of employment**  **From To** | Position held/main responsibilities of the role. |

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| **Supporting Statement** |
| **From your current or previous roles what unique skills and attributes would you bring to the Panel of Fellows which would help them to make an objective assessment of the distinction and leadership of a range of candidates from within the profession?** |
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| **What specialist experience have you had in the development of the pharmacy profession at local/ national/international level? Include any RPS Faculty activity if appropriate.** |
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| **Since becoming a Fellow how do you think you have contributed to benefitting the wider profession and how do you think other Fellows could play a bigger role?** |
|  |
| **Any other comments** |
|  |

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| --- | --- |
| **References** | |
| **Full Name:** |  |
| **Relationship to Applicant:** |  |
| **Address** |  |
| **Telephone Number:** |  |
| **Email Address:** |  |
|  |  |
| **Full Name:** |  |
| **Relationship to Applicant:** |  |
| **Address** |  |
| **Telephone Number:** |  |
| **Email Address:** |  |