**Membership Committee Application Form**

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

**Please email your completed application form and CV to** **membership@rpharms.com****.**

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| **Contact Details** |
| **Full Name:** |  |
| **Membership Number:** |  |
| **Address:** |  |
| **Telephone Number:** |  |
| **Email Address:** |  |
| **Membership number:** |  |
| **Are you currently a Registered Pharmacist?**If not, when did you cease to be registered? |  |
| **Have you ever been the subject of disciplinary proceedings by a regulator?**If so, please give details. |  |
| **Are you interested in applying for the position of Chair?** |  |

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| **Educational and Employment History – please include your CV with your application** |

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| **Supporting Statement** |
| **How have you obtained a good knowledge of the healthcare system and the role of pharmacy in it?** |
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| **How have you obtained a working knowledge of the Charter Objects, strategy, activities, governance and management of the Society?**  |
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| **Are you able to commit 1 day per year to attend a meeting of the Membership Committee, and further time to review membership cases and participate in conference calls as and when required by the Society’s membership team?** |
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| **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:** |  |