THE MEDICINES EVALUATION UNIT

APPLICATION FOR EMPLOYMENT

PERSONAL DETAILS



Position applied for:	Closing date for applications:	Reference no: MEU Website
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Title:	tle: Forename:			Surname:		
Address:						
			Postcode:			
Telephone Numbers:	Home:		Work:			
Mobile:		Email:				
Do you hold a	full current driving lice	nce?	Yes O	No O		
Do you require	a work permit?		Yes O	No O		
References						
Please g	ive the name and addres current/last employ References will only be	er. (Relative	es must not be u	sed.)	your	
Name:		Nan	ne:			
Position Held:		Pos	ition Held:			
Organisation:		Org	anisation:			
Address:		Add	lress:			
Email:						
		Ema	ail:			
Telephone:			ail: ephone:			

We are an equal opportunities employer and are committed to ensuring that no job applicant receives less favourable treatment on the ground of gender, marital status, sexual orientation, age, colour, race, ethnic origin, disability or religion.

GEN	ERAL ED	UCAT	ION				
_	Dates	-	Name of	Courses taken & subjects Qualifications/			
Fro Mth		Γο Yr	School/College/University	studied (please state whether full time, part time or sandwich)	Exams passed Level Grade Date		
<u> </u>	•						

PROFESSIONAL/VOCATIONAL QUALIFICATIONS

(Including those currently being ι	ındertaken. Plea	se detail any Publications/Research.)
Professional qualifications obtained	Date	Grade/Registration number
Professional registration body	Type of	
	registration – Full, Limited, Provisional	Date obtained:
	FIOVISIONAL	Expiry date:

TRAINING COURSES

	Dat	AS	(Work & outside work)				
Fr		To Mth	•	Title/Subject			
Mth	Yr	Mth	Yr				
l							

EMPLOYMENT HIST	ORY		
Name of current or last	employer:		
Address of current or la	st employer:		
Job title (and Grade if a	oplicable):		
Dates: From.		То	
Present salary & benefit			
Please give a brief desc	ription of your major dutie	s & responsibilities:	

EVIOUS EMPLO	OYMEN						
Name & Address Of Employer	From	Dates To			Job Title	Reason for Leaving	
(Most recent first)	Mth	'' Yr	Mth		JOD Title	Reason for Leaving	
(most rosent mot)	1						
	1			1			

OTHER RELEVANT INFORMATION
The information you provide in this section will be used in assessing your application. Please refer to the job description and person specification and use this space to state your reasons for applying for the post, relating your skills, experience and personal qualities gained through work, unpaid work and education to the requirements of the job (if you require more space, please attach a separate sheet).
Are there any dates when you are not available for interview?
Please indicate when you could take up this post
I understand that the appointment, if offered, will be subject to the information given on this form being correct to the best of my knowledge and that canvassing of Directors of the Trust directly or indirectly for any appointment shall lead to disqualification. I also understand that the appointment is subject to satisfactory health screening and references.
Signature:
Date:

Please return completed form to: Toni Kukielka Medicines Evaluation Unit The Langley Building Southmoor Road Wythenshawe M23 9QZ