

For office use only

Date received:

Received by (initials):



PharmaVentures
Experts in deals and alliances

Job Application Form

Vacancy Title:

Please tell us how you heard about this vacancy:

1. Personal details

Last Name:

First Name:

Address:

Postcode:

Home Telephone No.

Mobile No.

E-mail address:

National Insurance No.

--	--	--	--	--	--	--	--	--	--

Do you have the legal right to work in the UK?

Yes

No

You will be required to provide appropriate documentary evidence of your legal right at interview, this will be either:

Your EU Passport or Non UK/EU Passport, plus appropriate Visa or work permit.

Driving Licence (if relevant to post applied for)

Do you hold a full, clean driving licence valid in the UK?

Yes

No

If no, please give details below

Do you own a car or have access to one?

Yes

No

You will be responsible for ensuring that you have the necessary vehicle insurance for use on business (if relevant to post)

Have you previously been invited for an interview with, or employed by PharmaVentures?

Yes

No

If yes, please state position(s) applied for / held:

2. Education/Qualifications

School (11+)	Study Dates	Qualification and Grade	Date Obtained
College/University	Study Dates	Qualification and Grade	Date Obtained
Ongoing Professional Development	Study Dates	Qualification and Grade	Date Obtained

Training and Development

Please use the space below to give details of any training or non-qualification based development which is relevant to the post and supports your application.

Training Course	Course Details (including length of course/nature of training)

Current Membership of any Professional Body/Organisation

Please give details:

3. Employment History

Previous Employment: Please include any previous experience (paid or unpaid), starting with the most recent first.

Current or Most Recent Employer

Name of Employer:

Address:

Postcode:

Position Held:

Date Started: Reason for leaving:

Current Salary & Benefits / or on leaving this post:	<input type="text"/>	Notice Period or Leaving Date (if no longer employed):	<input type="text"/>
--	----------------------	--	----------------------

Brief description of duties:

Previous Employer

Name of Employer:

Address:

Postcode:

Position Held:

Date Started: Reason for leaving:

Salary & Benefits on leaving this post:	<input type="text"/>	Notice Period or Leaving Date	<input type="text"/>
---	----------------------	-------------------------------	----------------------

	(if no longer employed):	
--	--------------------------	--

Brief description of duties:

Previous Employer

Name of Employer:

Address:

Postcode:

Position Held:

Date Started: **Reason for leaving:**

Salary & Benefits on leaving this post:		Notice Period or Leaving Date (if no longer employed):	
--	--	---	--

Brief description of duties:

Continue on separate sheet if necessary

4. Information in support of your application

Skills, abilities and experience

Please use this section to demonstrate why you think you would be suitable for the post by reference to the job description and person specification (and by giving examples and case studies). Please include all relevant information, whether obtained through formal employment or voluntary/leisure activities. Attach and label any additional sheets used.

Continue on a separate sheet if necessary

5. Convictions/ Disqualifications

Upon offer of employment we reserve the right to request a Criminal Records Bureau Disclosure at Standard level and this disclosure will include details of cautions, reprimands or final warnings as well as convictions.

Please provide details below of any convictions which are not spent under the terms of the Rehabilitation of Offenders Act 1974:

6. References

Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your referees are. References will not be taken up until an applicant has been provided with an offer of employment.

Reference 1

Reference 2

Name:	Name:
Job Title:	Job Title:
Organisation:	Organisation:
Address:	Address:
Contact No:	Contact No:
Email:	Email:
How is this person known to you:	How is this person known to you:
Do you wish to be consulted before this referee is approached:	Do you wish to be consulted before this referee is approached:
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

We reserve the right to contact any of your other previous employers within the last three years.

7. Declaration

Statement to be Signed by the Applicant

Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered.

I agree that PharmaVentures can create and maintain computer and paper records of my personal data and that this will be processed and stored in accordance with the Data Protection Act 1998.

I confirm that all the information given by me on this form is correct and accurate and I understand that if any of the information I have provided is later found to be false or misleading, any offer of employment may be withdrawn or employment terminated.

Signed:

Date:

Candidates selected for interview will normally be notified within four weeks of the closing date. If you return this form by email, you will be asked to sign your application at interview.

Submitting your application

By Hand or Post:

HR Department
PharmaVentures Ltd
Triumph House, Parkway Court
Oxfords Business Park
Oxford
OX4 2JY

By E-Mail:

sheryne@pharmaventures.com

Enquiries:

Telephone: 01865 332733