 

The GlaxoSmithKline Residential Chemistry Training Experience (2013)

## Application Form

The information submitted on this form will be treated by GSK as Strictly Private and Confidential. ***Please complete in black ink. If you are completing the form electronically, please also print and send the completed and signed form as directed.***

# PERSONAL DETAILS

|  |  |  |
| --- | --- | --- |
| Surname: (*Block capitals)* | Forenames: ***(Please underline the name you would normally use)*** | Title: *(Please delete as appropriate)* |
|       |       | Mr / Mrs / Miss / Ms |
| Home Address: ***If this is the address to be used for communications please check this box***[ ]  |
|       |
| University Address**: *If this is the address to be used for communications please check this box***[ ]  |
|       |
| Telephone (Home): | Telephone (Mobile): |
|       |       |
| Telephone (University): | e-mail: |
|       |       |

**EDUCATION**

|  |
| --- |
| School/College: |

|  |  |  |
| --- | --- | --- |
| AS/A level (or equivalent) subjects studied: | Grade | Date |
|            |            |       |
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| University:      Course Title:      Dates of Study:       |

|  |
| --- |
| First Year Examination Results: |
|       |       |
|       |       |
|       |       |
|       |       |
| Second Year Examination Results: |
|       |       |
|       |            |
|       |       |
|       |       |
| Third Year Examination Results\*: |
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|  |  |
|  |  |
|  |  |

\*Only provide such details if third year of a four year course is completed

|  |
| --- |
| Give details of (i) option courses being studied in your final year and (ii) the final year project you will be undertaking:      |

|  |
| --- |
| Give details of any other qualifications or skills you have acquired which are not captured above:      |

Is the degree you expect to obtain with honours? Yes [ ]  No [ ]

# TRAINING EXPERIENCE

|  |
| --- |
| What are your reasons for applying to be part of the 2013 GSK Chemistry Training Experience?      |

|  |
| --- |
| Please provide an example of a time when you have worked in a team. What was your contribution? What did you find most difficult about working in that team?      |

#

# CAREER CHOICES

|  |
| --- |
| What future career are you considering and what first got you interested in this career?*(If undecided please say so, but give an indication of your ideas)*      |

|  |
| --- |
| Are you considering any postgraduate studies? If yes, please provide details. |

# WORK EXPERIENCE

|  |
| --- |
| Please provide details of any work experience/placement you have had (include placement duration, **and what you gained/achieved**):      |

**I believe the particulars given above to be correct.**

|  |  |
| --- | --- |
| **Signature:**      | **Date:** |

Please help us by completing this section:-

**ETHNIC ORIGIN**

**WHITE** [ ]  British

[ ]  Irish

[ ]  Other White background

**MIXED** [ ]  White and Black Caribbean

[ ]  White and Black African

[ ]  White and Asian

[ ]  Other Mixed background

# ASIAN or

**ASIAN BRITISH** [ ]  Indian

[ ]  Pakistani

[ ]  Bangladeshi

[ ]  Other Asian background

# BLACK or

**BLACK BRITISH** [ ]  Caribbean

[ ]  African

[ ]  Other Black background

**CHINESE or**

**OTHER ETHNIC GROUP** [ ]  Chinese

[ ]  Other ethnic group

**ANY OTHER** **[ ]  Please specify:­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­--**

|  |  |
| --- | --- |
| **Are you authorised to work in the UK ?** |  **[ ]  Yes**  **[ ]  No**  |

**Are you the first generation of your family to attend university? Yes [ ]  No [ ]**

**Date of birth: ………………….**

**Please return this form to:** **Recruiting Administrator (quoting Reference RCTE10)**

# Respiratory Medicinal Chemistry Department

# Medicines Research Centre

 **GlaxoSmithKline**

###  **Stevenage**

 **Herts**

 **SG1 2NY**

Alternatively, if you would prefer to send your completed application electronically, please forward it to the following email address: **uzy55557@gsk.com**