 

The GlaxoSmithKline Residential Chemistry Training Experience (2014)

## 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: | |
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|  |  |
|  |  |
|  |  |
| Second Year Examination Results: | |
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|  |  |
|  |  |
|  |  |
| 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 2014 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; completion of this section is optional

**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**

**Please return this form to:** **Recruiting Administrator (quoting Reference RCTE11)**

# 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**