



COMMONWEALTH  
**PHARMACISTS**  
 ASSOCIATION



**Department of Pharmacy**

DISTANCE LEARNING COURSE  
 “The Management of Drug Supplies”

**APPLICATION FORM**

Please **PRINT** clearly using pen **NOT** pencil

**PERSONAL DETAILS**

Your Preferred Title: .....  
 ie (Mr, Miss, Mrs, Dr., Professor)

Family Name : .....

Forenames/Given names: .....

***Name as you would like it to appear on your Certificate:***

.....

Date of Birth: ..... Male/Female .....

**CONTACT DETAILS**

Postal address for course materials:

.....  
 .....  
 .....

Preferred telephone number: .....

Preferred fax number: .....

Preferred email address: .....

**CURRENT QUALIFICATIONS**

Please provide completed qualifications:

On leaving school: .....

After leaving school: .....

Related to current employment: .....

.....

.....

**EMPLOYMENT DETAILS**

Name of employing organisation: .....

Address of employing organisation: .....

.....

Title of current job: .....

Brief description of current job responsibilities:

.....

.....

.....

.....

.....  
Signature of applicant

.....  
Date

**Employer's Confirmation**

*I hereby confirm that employment information provided by the above-named applicant is correct to the best of my knowledge.*

.....  
Signature of Manager/Supervisor

.....  
Date

.....

Name of Manager/Supervisor  
(please print)

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**PAYMENT FORM**

**BY BANK TRANSFER Please enter name of registrant and 'MPS' as reference.**

Name of account: Commonwealth Pharmaceutical Association      Bank: National Westminster Bank  
Address: 92 Westminster Bridge Road, London SE1 7ZB England      Account Number: 70 37 82 82      Sort Code: 60 60 04  
SWIFT BIC reference number:      NW BK GB 2L  
IBAN:      GB53 NWBK 6060 0470 3782 82

**BY CHEQUE I enclose cheque / postal / money order for:**  
**Payable to: The Commonwealth Pharmaceutical Association**

£



**BY DEBIT OR CREDIT CARD**

SWITCH  issue number

VISA       Matercard       Eurocard

Card expiry date

Amount to be debited

My Card number is

Security Code\*

Name as given on Card

Signature

Date

If the address for the card is different from that given above, please give that address below:

**Please check that you have provided the expiry date for your card**

*If you reside in the UK would you please give the security code on the reverse of the card.*