

FMLM Chief Pharmaceutical Officer Clinical Fellow Scheme 2025 - 2026 Application Form

Thank you for your interest in participating in the FMLM Chief Pharmaceutical Officer Clinical Fellow Scheme.

This application form is for the Chief Pharmaceutical Officer Scheme, please do NOT use this form for applications to any other FMLM Clinical Fellow Schemes. The Chief Pharmaceutical Officer scheme application is open from 4 March and closes 6 April 2025. Applications submitted after this deadline will not be considered.

Before completing the application, please make sure you have thoroughly reviewed our ' Information Pack,' which outlines the questions you'll need to answer. You can download this resource at: XXX. We recommend completing the application in one session, as we cannot guarantee that you will be able to return to the form once started.

* Required

* This form will record your name, please fill your name.

Contact Details

1. Date of Completion. *

2. Title *

3. First name/s: *

4. Surname: *

5. Preferred Name:

6. Date of Birth: (This is required for ID verification purposes and will not be shared with short listers) *

7. Work email address: *

8. Personal email address: *

9. Preferred email for communication: *

Work

Home

Both

10. Contact number: *

11. Full home address - Including post code: *

12. Name and full address of current employer: *

13. Full name and job title of line manager: *

Eligibility

14. Are you a United Kingdom National? *

Yes

No

15. Are you eligible to work in the UK or participate in this scheme under visa requirements? *

Yes

No

16. If applicable, provide details of eligibility to work in the UK (Visa status, residence permit, etc.)
State N/A if not applicable. *

Professional Qualifications

17. Provide your General Pharmaceutical Council (GPHC) number: *

18. Provide further GPHC registration details *

19. Provide your field of Pharmacy *

20. Field of Pharmacy (other?) *

Education & Employment History

21. Sector (NHS, Private etc.) *

22. List your Education history (Degrees and certification, etc.) *

23. List your current employment trust/organisation - including job title, dates to and from *

24. List your relevant employment history - employer, job title, dates to and from *

25. List relevant publications *

26. List relevant presentations *

27. List any relevant prizes or awards received *

28. Candidates are required to demonstrate satisfactory progression through training or career, as evidenced by satisfactory outcomes in relevant assessments, appraisals, or examinations. *Progression through Training or Career should be evident in employment references.* *

I confirm that I have gained satisfactory outcomes to demonstrate satisfactory progression through my training or career.

Application Questions

29. Describe your leadership experience to date, outlining your key achievements and associated impact or outcomes. Please note - experience can relate to formal or informal roles. 300 words max: *

30. Why do you think clinical leadership is important? Please note: candidates should refer to relevant literature and reflect on their own experience/observations. 300 words max - Listed references are not part of the stipulated word count: *

31. Outline your motivation for applying to the scheme and how participation in the scheme will contribute to your own leadership competence and clinical practice. Refer to the personal specification when answering this question. 300 words max: *

Declarations

32. Have you ever been subject to any disciplinary procedure, formal or otherwise? *

33. Have you ever been subject to a criminal conviction or caution, whether successful or unsuccessful? *

Yes

No

34. I consent to FMLM **sharing my data** with NHS England for the purposes of running and administrating the scheme. *

Yes

No

35. I consent to NHS England **holding my personal data** for the purposes of administering the Clinical Fellow Scheme and related activities. *

Yes

No

36. Is there any other information not stated in this form that you need to declare? *

37. How did you hear about this Clinical Fellow Scheme? *

Through previous Clinical Fellows

Through current Clinical Fellows

Through my employer

Through someone else connected to FMLM

Via internet search

Via my professional body

Equality, Diversity, Inclusion & Belonging Form (EDI&B)

FMLM and all our scheme sponsors and hosts are committed to enhancing and improving equality, diversity, inclusion, and belonging while eliminating unlawful discrimination. We believe that a diverse and inclusive environment strengthens our workforce and improves our ability to serve stakeholders effectively. Our aim is to create cultures where everyone feels respected, valued, and empowered to contribute fully.

Data Collection and Confidentiality To support this commitment, we collect equality and diversity data at the applicant and appointment stages. Providing this information is entirely voluntary. However, by doing so, you help us gain valuable insights that enable us to make meaningful and necessary improvements to our services and employment practices. We want to assure you that any data provided will be handled with the utmost confidentiality and in accordance with data protection regulations. The information you share will be anonymised and used solely for statistical and monitoring purposes to promote equality and inclusion.

How your information helps us The data collected enables us to: Identify and address potential barriers to equality, ensure fair and inclusive recruitment and employment practices, monitor the effectiveness of our diversity and inclusion initiatives, meet legal and regulatory requirements.

Your participation While completion of this section is voluntary, we strongly encourage your participation. By sharing this information, you are contributing to our ongoing efforts to foster diverse and inclusive workplaces where everyone can thrive. Thank you.

The information provided will be kept confidential. None of the information you provide will be linked to your application. If you have any questions about this section, please contact hrsupport@fmlm.ac.uk.

The information in this form is for monitoring purposes only. If you believe you need a reasonable adjustment, then please contact FMLM via clinicalfellowscheme@fmlm.ac.uk.

38. Which Scheme have you applied for?

- Chief Pharmaceutical Officer Scheme
- Chief Dental Officer England Scheme
- Chief Sustainability Officer Scheme
- National Medical Director Scheme

39. What is your age?

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+
- Prefer not to say

40. Do you have a disability, impairment or health condition which affects your day - to - day activities?

- Yes
- No
- Prefer not to say
- Other

41. If you have a disability or long term health condition, please confirm the nature:

- Physical disability
- Learning disability
- Mental health condition
- Sensory impairment (Vision, hearing)
- Chronic illness
- Prefer not to say
- Other

42. What is your ethnic group?

- White** (English/Welsh/Scottish/Northern Irish/British)
- White** (Irish)
- White** (Gypsy or Irish Traveller)
- White** (other)
- Mixed/Multiple ethnic group** (White and Black Caribbean)
- Mixed/Multiple ethnic group** (White and Black African)
- Mixed/Multiple ethnic group** (White and Asian)
- Mixed/Multiple ethnic group** (other)
- Asian/Asian British** (Indian)
- Asian/Asian British** (Pakistani)
- Asian/Asian British** (Bangladeshi)
- Asian/Asian British** (Chinese)
- Asian/Asian British** (other)
- Black/African/Caribbean/Black British** (African)
- Black/African/Caribbean/Black British** (Caribbean)
- Black/African/Caribbean/Black British** (other)
- Other ethnic group** (Arab)
- Prefer not to say
- Other

43. How would you describe your national identity?

- English
- Welsh
- Scottish
- Northern Irish
- British
- Prefer not to say
- No National Identity
- Other

44. What is your religion?

- No religion
- Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Another religion or belief
- Prefer not to say
- Other

45. What is your gender?

- Female
- Male
- Non-binary
- Trans-masculine
- Trans-feminine
- Prefer not to say
- Other

46. Is the gender you identify with the same as your sex recorded at birth?

- Yes
- No
- Prefer not to say
- Other

47. What is your sexual orientation?

- Asexual
- Bisexual
- Gay/Lesbian
- Heterosexual
- Pansexual
- Queer
- Prefer not to say
- Other

48. What was the occupation of your main household earner when you were 14?

- Professional/managerial
- Clerical/support worker
- Manual worker
- Never worked/long-term unemployed
- Prefer not to say
- Other

49. When you attended university (if applicable), were you the first member of your family to do so?

- Yes
- No
- Prefer not to say
- Other

50. Do you have any caring responsibilities?

- Primary carer of a child(ren) under 18
- Primary carer of a disabled child(ren)
- Primary carer of a disabled adult (18 and over)
- Primary carer of an older person
- Secondary carer (provides care alongside primary carer)
- No caring responsibilities
- Prefer not to say
- Other

51. Do you consent to the use of this information for monitoring and reporting purposes?

- Yes
- No

This content is neither created nor endorsed by Microsoft. The data you submit will be sent to the form owner.

 Microsoft Forms