



Form for Pharmacist Facilitator Appointment at UBC Faculty of Pharmaceutical Sciences

PERSONAL CONTACT INFORMATION (PLEASE PRINT CLEARLY)

UBC Employee ID (only required if currently appointed at UBC): _____

(PLEASE NOTE YOUR NAME SHOULD BE AS GIVEN IN YOUR LEGAL DOCUMENT)

Prefix: _____ First Name: _____ Middle Name: _____ Last Name: _____

Home Address: _____

City: _____ Province: _____ Postal Code: _____

Home Telephone: _____ Mobile Phone: _____

Email address: _____

POST SECONDARY EDUCATION

University/Institution	Degree	Subject Area	Dates

EMPLOYMENT RECORD

Place of Employment	Rank or Title	Dates

AVAILABILITY

Please check all that apply

Monday 8:00 am – 12:00 pm (yr 3)

Wednesday 1:30 pm – 5:30 pm (yr 1)

Monday 1:30 pm – 5:30 pm (yr 3)

Thursday 8:00 am – 12:00 pm (yr 2)

Tuesday 8:00 am – 12:00 pm (yr 3)

Thursday 1:30 pm – 5:30 pm (yr 2)

Tuesday 1:30 pm – 5:30 pm (yr 1)

Friday 8:00 am – 12:00 pm (yr 2)

Wednesday 8:00am–12:00pm (yr 1)

Would you prefer:

- Regular Shifts
- Relief Shifts

I have access to a computer:

How did you hear about us?

Notes:

- **This application does not guarantee a position with the faculty.**
- **You must be licensed to practice pharmacy in British Columbia to be considered for a position**
- **Please submit this completed form along with a copy of your CV to lia.hughes@ubc.ca.**