



Form for Pharmacist Facilitator Re-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 Telephone: _____ Mobile Phone: _____

Email address: _____

AVAILABILITY

Please check all that apply

- | | | | |
|-----------------------------------|--------------------------|------------------------------------|--------------------------|
| Monday 8:00 am – 12:00 pm (yr 3) | <input type="checkbox"/> | Wednesday 1:30 pm – 5:30 pm (yr 1) | <input type="checkbox"/> |
| Monday 1:30 pm – 5:30 pm (yr 3) | <input type="checkbox"/> | Thursday 8:00 am – 12:00 pm (yr 2) | <input type="checkbox"/> |
| Tuesday 8:00 am – 12:00 pm (yr 3) | <input type="checkbox"/> | Thursday 1:30 pm – 5:30 pm (yr 2) | <input type="checkbox"/> |
| Tuesday 1:30 pm – 5:30 pm (yr 1) | <input type="checkbox"/> | Friday 8:00 am – 12:00 pm (yr 2) | <input type="checkbox"/> |
| Wednesday 8:00am–12:00pm (yr 1) | <input type="checkbox"/> | | |

Notes:

- This application does not guarantee a position with the faculty.
- Please submit this completed form to lia.hughes@ubc.ca with or without CV (see below).
- It is not required that you submit an updated CV if you have submitted your CV in the past.
- If you would like to submit an updated copy of your CV, please include it with this form.