



PHARM-A-TEMP

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PROFESSIONAL PHARMACY SERVICE IS AN INVESTMENT - NOT A COST!

PHARMACIST REGISTRATION FORM

- Please supply a current resume outlining your work experience -

Name:

Address:

Post Code:

Phone: Business: Home: Mobile:

Fax: Business: Home:

Email:

Date of Birth: Male / Female

Year of Registration: Pharmacy Board Registration No:

Tax File No:

Dispensary Computer Systems with which you are competent: (Please Tick)

Fred:	Lockie:
Amfec/Chemdata:	Dispense 2000:
Other: (Please Specify)	

POS Computer Systems with which you are competent: (Please Tick)

POS 2000:	Lockie:
Simple:	Quicksell:
Other: (Please Specify)	

Please list three pharmacy referees:

Name: <input type="text"/>	Contact No: <input type="text"/>
Name: <input type="text"/>	Contact No: <input type="text"/>
Name: <input type="text"/>	Contact No: <input type="text"/>

Are you interested in a permanent position?	Yes/No
Are you prepared to work in weekly blocks?	Yes/No
Do you have your own car?	Yes/No
Are you prepared to travel to rural areas?	Yes/No

Please supply details of work availability - days and hours:-

	Available Hours
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	