



Bilateral Information Form

Before completing this form, please make sure you have read the accompanying SEP handbook available on the BPSA website .

Complete your details below. The aim of the form is to allow verification of your host and country selection. Please note that the more detail you can provide, the greater the chance of being placed.

Return completed form to the Student Exchange Officer at seo@bpsa.co.uk and the subject clearly stating SEP application form with your CV and Motivational Letter attached.

DEADLINE FOR APPLICATIONS IS MIDNIGHT 15TH DECEMBER 2016. You will hear from the Student Exchange Officer about the result of your application by January 2017. If you have NOT received a response after this time, please assume you have been placed on the reserve list and await generic feedback to be released.

SECTION I – PERSONAL DETAILS

Surname			
First Name(s)			
University:			
BPSA Membership No.			
Home Address •		Term Address •	
Telephone			
Mobile			
E-mail			
Have you applied to the exchange before?		If so, what was your application number:	

- Please indicate which address you would like to use for correspondence

SECTION 2 – COUNTRY OF CHOICE

Country of Choice for Exchange	
1	
2	
3	

Please place the countries in preferential order. Ensure to pick at least 1 less competitive country.

SECTION 3 – PREFERRED AREA OF WORK

Desired time period of exchange (dates):	From:	To:
Preferred area of work:	Community	Hospital
	Industry	University

Please try to be as flexible with dates as possible to make it easier to be placed

SECTION 4 – LANGUAGES SPOKEN

Languages Spoken (please indicate level attained – GCSE, Higher, A-Level, Fluent etc.)

SECTION 5 – HOST SITE AND ACCOMMODATION

Please give details about the host site you have arranged (How you arranged it, type of pharmacy etc.)	
Host Pharmacy Details	
Pharmacy Name	
Contact Person:	
Address:	
Telephone:	
Mobile:	
Fax:	
E-mail:	
Will the student receive any pocket money / wages?	
Accommodation Details	
How did you find accommodation?	
Type of accommodation:	

Contact Person:	
Address:	
Telephone:	
Mobile:	
Fax:	
E-mail:	
Are meals included?	

Signed

Date

BPSA SEO Use Only

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