**Application form for expression of interest for Pharmacists for the HSE Antimicrobial Resistance and Infection Control (AMRIC) team related groups**

Name:

PSI number:

Email address:

Mobile phone number:

Current job title and location of post:

**Hospital Antimicrobial Pharmacist** (can tick both if desired, and indicate preference with 1 highest preference, 2 lowest preference)

Preference (1 or 2)

* Antimicrobial Stewardship Advisory Group □ \_\_\_\_\_
* Antimicrobial Consumption Subgroup □ \_\_\_\_\_

**Community Pharmacist** (tick up to 3 areas in which you have an interest, and indicate preference with 1 highest preference, 3 lowest preference)

Preference (1, 2 or 3)

* Dermatology conditions □ \_\_\_\_
* Skin and Soft tissue infections □ \_\_\_\_
* Urinary tract infections □ \_\_\_\_
* Respiratory tract infections □ \_\_\_\_
* STIs/Genital infections □ \_\_\_\_
* Long-term care □ \_\_\_\_
* Paediatric □ \_\_\_\_

Please indicate why you would like to be considered to be the pharmacist representative for the role(s) you have ticked (100 words max):

Please identify any relevant experience or additional information to support your application (200 words max):

I confirm that I am in good professional standing

I confirm that I have read the Expression of Interest and understand the role including the requirement for dedicated time.

If you are not selected at this time due to a high level of interest, do you consent to your details being kept on file so we can contact you if similar opportunities arise at a future date?

Signed: Date: