

25VHPIP R1 Application form

Form Preview

Applicant Details

* indicates a required field

Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the [Australian Privacy Principles \(APPs\)](#) as established under the Privacy Act 1988 and amended by the Privacy Amendment (Enhancing Privacy Protection) Act 2012. View the DHHS privacy policy [here](#). View the SHPA privacy policy [here](#).

Applicant Personal Details

Applicant *

Title First Name Last Name

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Note: This is the person we will correspond with about this program.

Date of Birth *

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Must be a date.

Applicant Address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. Country must be Australia

Applicant Residential Address. PO Boxes are not accepted.

Applicant Phone Number *

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Applicant email *

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Must be an email address.

Note: All correspondence about the program will go to this address. Please add vicintern@shpa.org.au to your email safe sender list.

Do you identify as Aboriginal and/or Torres Strait Islander? *

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

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From which university did you or are you expected to obtain a qualification which leads to registration as a pharmacist in Australia? *

- ☐ Monash University
- ☐ LaTrobe University
- ☐ RMIT University

If 'Other' selected, please specify University.

Which of the following best describes your right to work as an intern in Australia? *

- ☐ Australian citizen
- ☐ Australian permanent resident
- ☐ NZ citizen

If 'Other' selected you must have valid work visas to work in Australia.

University student ID number: *

Please indicate your student enrolment status with respect to the qualification which gives you the rights to practice as a pharmacist in Australia *

- ☐ Currently enrolled
- ☐ Graduated

Graduation or expected graduation date: *

Must be a date.

This is the date your course finishes / finished.

Eligibility

Please Note:

Before completing this application form, you should have read the [Victorian Hospital Pharmacy Intern Program](#) web page guidelines.

Incomplete applications and/or applications received after the closing date will not be considered.

This section of the application form is designed to help you, and us, understand if you are eligible to apply for a Victorian intern position.

Note: Groups will be validated. Intentionally misrepresenting your eligibility will result in your application being discarded.

If you have any questions in regards to these eligibility criteria, please email us at **vicintern@shpa.org.au**.

Applicant Eligibility

Please select only **ONE** of the following 3 Eligibility groups:

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Group 1: • You are an Australian permanent resident or citizen or New Zealand citizen • You have completed, or will complete in 2024 a registrable pharmacy degree at a Victorian university, i.e. Monash University, La Trobe University or RMIT University • You are eligible to apply for all positions – i.e. positions funded by the Victorian Department of Health and Human Services (DHHS) and positions funded by hospitals (non-DHHS).

Group 2: • You are an Australian permanent resident or citizen or New Zealand citizen. • You have completed, or will complete in 2024 a registrable pharmacy degree outside Victoria • You are eligible to apply for positions funded by the hospitals (non-DHHS) • You may only be considered for positions funded by the Victorian Department of Health and Human Services (DHHS) in round 3 applications.

- Skills Assessment letter is required if you completed your pharmacy qualification in any country **other than** Australia, Canada, Ireland, New Zealand, the UK or the USA. Please refer to the eligibility criteria [here](#) on the Vic Intern page.

Group 3: • You are NOT an Australian permanent resident or citizen or New Zealand citizen • You have graduated with a registerable pharmacy degree • You are eligible to apply for positions funded by the hospitals (non-DHHS) • You are NOT eligible to apply for positions funded by the Victorian Department of Health and Human Services (DHHS).

- Skills Assessment letter is required if you completed your pharmacy qualification in any country **other than** Australia, Canada, Ireland, New Zealand, the UK or the USA. Please refer to the eligibility criteria [here](#) on the Vic Intern page.

I am eligible for group:

- ☐ Group 1
- ☐ Group 2
- ☐ Group 3

Only one group can be selected.

Group 1 Applicants

* indicates a required field

Preference selection

GROUP 1

You may select up to 2 hospitals (Preference A and B) at which to apply.

Additionally, you may rank as many of the remaining hospitals as you wish, in order.

You do not need to select more than one hospital, but you will increase your chances of matching if you select all hospitals at which you would be prepared to undertake an internship.

Your application may be sent to a third hospital or more, if you have ranked them and they have not received sufficient applications.

Do not rank any hospitals that you would not be prepared to work at to avoid wasting time for both the hospital and yourself in the interview process.

Go to the Victorian hospital pharmacy intern program [page](#) for information about each hospital and their intern program.

Preference A: *

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Preference B:

3rd Preference

4th Preference

5th Preference

6th Preference

7th Preference

8th Preference

9th Preference

10th Preference

11th Preference

12th Preference

13th Preference

14th Preference

15th Preference

16th Preference

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17th Preference

18th Preference

19th Preference

20th Preference

21st Preference

22nd Preference

23rd Preference

24th Preference

25th Preference

26th Preference

27th Preference

28th Preference

29th Preference

Before you submit your application

Please check that hospitals are listed above in your order of preference and that no hospitals have been selected more than once.

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- You can only submit the application **once** - however you can save the draft application and return to it later before submitting it.

I have checked my preferences do not contain duplicates *

☐ Yes

Group 2 Applicants

* indicates a required field

Preference selection

GROUP 2

You are eligible for the following positions in Round 1.

You may select up to 2 hospitals (Preference A and B) at which to apply.

Additionally, you may rank as many of the remaining hospitals as you wish, in order of preference.

You do not need to select more than one hospital, but you will increase your chances of matching if you select all hospitals at which you would be prepared to undertake an internship.

Your application may be sent to a third hospital or more if you have ranked it and they have not received sufficient applications.

Do not rank any hospitals that you would not be prepared to work at to avoid wasting time for both the hospital and yourself during the interview process.

Go to the Victorian hospital pharmacy intern program [page](#) for information about each hospital and their intern program.

You will be eligible for other DHHS positions after 2 rounds of matching have been completed, typically round 3 applications.

Should a third application round be required, we will let you know.

Preference A: *

Preference B:

Preference 3

Preference 4

Preference 5

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Preference 6

Preference 7

Preference 8

Preference 9

Preference 10

Preference 11

Skills Assessment

A Skills Assessment letter is required if you completed your pharmacy qualification in any country **other than** Australia, Canada, Ireland, New Zealand, the UK or the USA.

Please attach your Skills Assessment letter here

Attach a file:

Before you submit your application

Please check that hospitals are listed above in your order of preference and that no hospitals have been selected more than once.

- You can only submit the application **once** - however you can save the draft application and return to it later before submitting it.

I have checked my preferences do not contain duplicates *

☐ Yes

Group 3 Applicants

* indicates a required field

Preference selection

GROUP 3

Select your two preferred hospitals. Your application will be sent to both.

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Selecting more than one hospital is optional.

However, you are advised to rank as many hospitals that you are **prepared to work at** to increase your chances of a successful match.

Preference A *

Preference B

Preference 3

Preference 4

Preference 5

Preference 6

Preference 7

Preference 8

Preference 9

Preference 10

Preference 11

Skills Assessment

A Skills Assessment letter is required if you completed your pharmacy qualification in any country **other than** Australia, Canada, Ireland, New Zealand, the UK or the USA.

If you are an international student studying your Pharmacy degree with an Australian University, you do not need a Skills Assessment letter. Instead, please attach proof that you are currently studying your Pharmacy degree with that University.

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Please attach your Skills Assessment letter or proof of Australian University study here. *

Attach a file:

Please upload evidence of a copy of your visa / right to work in Australia *

Attach a file:

If you don't yet have your visa, please upload evidence that you have applied for a work visa such as a letter / email of application. Your visa must be approved no later than December 2024.

Before you submit your application

Please check that hospitals are listed above in your order of preference and that no hospitals have been selected more than once.

- You can only submit the application **once** - however you can save the draft application and return to it later before submitting it.

I have checked my preferences do not contain duplicates *

☐ Yes

Next Steps

*** indicates a required field**

You will receive emails by C.O.B on **Thursday 18 July** inviting you to pre-record interview questions for the hospitals you selected as 1st & 2nd preferences.

You may receive links for additional hospitals you preferenced 3rd, etc. if those hospitals need additional applicants outside of their 1st and 2nd preference lists.

The links will take you through to an online recruitment platform called **VidCruiter**.

And you MAY be required to complete the following tasks - you should organise the relevant documentation now for upload:

Upload a CV and Cover (all hospitals).

Upload academic transcripts (some hospitals)

Upload placement reports (some hospitals, if available).

Complete a pre-recorded video interview for each hospital.

You will have **ONLY 4 days** until **4.00pm, Monday 22 July** to complete these tasks. You will be provided full instructions on how to complete these activities on the VidCruiter site once you log in via links sent to you.

I acknowledge the above dates *

☐ Yes

Declaration

* indicates a required field

Terms and conditions

- No draft applications will be accepted.
- Applications open at 9.00 am Monday 1 July 2024 and close at 12.00pm Wednesday 10 July 2024. No extensions will be granted.
- I allow SHPA to contact my university to confirm expected graduation date.
- I allow SHPA to store my application details and forwarded to my first two preference hospitals for the purposes of applying for a 2025 Victorian hospital pharmacy internship.
- I may be contacted by SHPA to provide a cover letter for additional hospitals only IF that hospital has been ranked by me and it has insufficient applicants.
- I will need to submit my final ranking of hospitals by 12.00pm (midday) AEST Tuesday 20 August 2024 after interviews have taken place. You will be provided a link to submit your final preferences.
- I have not completed this form more than once, without notifying the intern placement administrator at vicintern@shpa.org.au.
- I understand that giving false or misleading information may result in my application being cancelled by SHPA.
- I have read and understand the criteria for my application group, and I am eligible to apply for the program under this group.

I accept the terms and conditions of the 2025 SHPA Victorian hospital pharmacy intern program. *

☐ Yes

I declare that all information provided is true and correct. *

☐ Yes