## Offer to the Pharmacy Team Relief Fund for pharmacy technician services

If you wish to offer your services as a pharmacy technician, please complete the following form, sign, and send it with a copy of your updated C.V. to mailto:fund@pharmacycouncil.org.nz.

Name:

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Address:

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Contact phone number and email address:

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Do you have level 5 certificate, or above? **Y N**

Which work dates would suit you best?

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Are you familiar with using Toniq, RX or both?

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Which regions are you happy to work in? e.g. Southland, Auckland, etc.

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Limitations – are there dates, regions, or any other factors that will not work for you?

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Please provide any other information you believe is relevant to your offer to provide services:

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(C.V. attached)