**Community Pharmacy South Central ELECTION**

**Nomination Form**

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| Name: | Representing:(name of contractor) |
| Address of contractor: |
| Are you a Pharmacist?⬜ Yes ⬜ No | Job title:(e.g. pharmacist manager, regional manager, NHSdevelopment manager, technician) |
| Please tick which of the following applies to you: ⬜ Owner ⬜ Employee ⬜ Shareholder ⬜ Director ⬜ Manager ⬜ Locum ⬜ Other (please state): .................................................... |
| How many hours a week do you work at this pharmacy? | How many hours a week do you work inany community pharmacy?(including those specified to the left) |

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| Personal statement of qualifications and experience relevant to LPC membership: |

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| Name and address of two other contractors who are different from the contractor (and who shall not be electors in which the candidate has a business interest) seeking representation in the LPC area and who support the nomination. |
| Name and address of first contractor | Name and address of second contractor |
| Signed: | Date: | Signed: | Date: |

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| **Declaration:**I confirm I am authorised to put myself forward to represent the above contractor. I understand that to be valid, all sections of this form must be completed. |
| Signature of candidate: | Date: |

Please return this form by 12 noon on 22nd January 2018