**CP Nottinghamshire Local Pharmaceutical Committee**

**LPC Member Nomination Form 2024**

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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, NHS  development 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 in  any community pharmacy?  (including those specified to the left) |

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| Personal statement: to include qualifications and experience relevant to LPC membership and may include comments on major issues for contractors: |

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| --- | --- | --- | --- |
| Name and address of two other contractors who are different to 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: |

|  |  |
| --- | --- |
| **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 5pm on Monday 2nd September 2024 to Alison Ellis, Returning Officer at the following address: **LPC office, Suite E Cotgrave Business Hub, Candleby lane, Cotgrave, NG12 3US or** [**alisonellis@cpnotts.org**](mailto:alisonellis@cpnotts.org)