# XX



**Expression of interest form**

**Pharmacy primary care network (PCN) lead representatives**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Pharmacy name:** |  | | | |
| **Address:** |  | | | |
| **Postcode:** |  | | **ODS (F) code:** |  |
| **Pharmacy shared NHS email:** | |  | | |
| **Personal NHS email**  **(will not be shared):** | |  | | |
| **Pharmacy’s PCN Area:** | |  | | |

**Contact Details**

|  |  |  |
| --- | --- | --- |
| I am interested in representing community pharmacy within my Primary Care Network. | |  |
| **Name** |  | |
| **Job Title** |  | |
| **Email address** |  | |
| **Telephone number** |  | |

**Background Information**

|  |  |
| --- | --- |
| **Brief professional background / biography** |  |
| **Statement of why you**  **believe you are well qualified to undertake the role** |  |

**Completed forms should be returned as soon as possible, by XXX and sent to:**

1. Community Pharmacy Surrey & Sussex (your LPCs) email [pcn@communitypharmacyss.co.uk](mailto:pcn@communitypharmacyss.co.uk)
2. All the pharmacies in your PCN area by email ([can be found on our website here](https://communitypharmacyss.co.uk/healthcare-landscape/primary-care-networks-pcns/pcns-in-surrey/))

Thank you for volunteering to represent community pharmacy within your local Primary Care Network (PCN). Your support is appreciated, as a strong community pharmacy voice within each PCN is essential.