

# Community Pharmacy Surrey & Sussex

On behalf of East Sussex, West Sussex and Surrey LPCs



## Surrey LPC ELECTION Self-Nomination Form

Name:	Representing: (name of contractor)
Address of contractor:	
Are you a Pharmacist? <input type="checkbox"/> Yes <input type="checkbox"/> No	Job title: (e.g. Superintendent Pharmacist, pharmacist manager, regional manager, NHS development manager, technician)
Please tick which of the following applies to you:  <input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Shareholder  <input type="checkbox"/> Director <input type="checkbox"/> Manager <input type="checkbox"/> Locum  <input type="checkbox"/> 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)
Personal statement: to include qualifications and experience relevant to LPC membership and may include comments on major issues for contractors:	

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: _____

<p><b>Declaration:</b> 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.</p> <p>Signature of candidate: _____ Date: _____</p>
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Please return this form by 17:00 on the 14<sup>th</sup> March 2023 to the Returning Officer at the following email address: [LPC@communitypharmacys.co.uk](mailto:LPC@communitypharmacys.co.uk).