

DEVON LPC ELECTION 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. pharmacist manager, regional manager, NHS development manager, technician)
Please tick which of the following applies to you: <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Shareholder </div> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Director <input type="checkbox"/> Manager <input type="checkbox"/> Locum </div> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Other (please state): </div>	
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 of qualifications and experience relevant to LPC membership:

Name and address of two other contractors who are different to the contractor seeking representation in the LPC area and who support the nomination.	
Name and address of first contractor	Name and address of second contractor
Signed: _____	Signed: _____
Date: _____	Date: _____

Declaration:
 I confirm I am authorised to put myself forward to represent the above contractor

Signature of candidate: _____ Date: _____

Please return this form by **12 noon on 14th April 2023** to the Returning Officer at the following address: Devon LPC, Room 16, Partridge House, A38, Kennford, Exeter EX6 7TW or email to admin@devonlpc.org