**Community Pharmacy PCN Integration Lead**

**EXPRESSION OF INTEREST**

**Name: …………………………………………………………………………………**

**Job Role: …………………………………………………………………………….**

**Place of work: …………………………………………………………………….**

**PCN: ……………………………………………………………………………………**

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| Based on the information you have; please outline how you might meet the aims of the role of the Community Pharmacy PCN Integration Lead? |
|  |
| Any other information you wish to include to support your expression of interest? |
|  |

**Signed: ……………………………………………………….**

**Date: ………………………………………………………….**

**Please return this form to** [**sue@devonlpc.org**](file:///C%3A%5CUsers%5Csuet%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5C6D3XICKG%5Csue%40devonlpc.org)