**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@cpdevon.org.uk**