

**Expression of interest form**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Pharmacy name:** | «Trading\_As» | | | |
| **Address:** | «Address\_1»  «Address\_2»  «Address\_3»  «Town» | | | |
| **Postcode:** | «Postcode» | | **ODS (F) code:** | «ODS\_Code» |
| **Pharmacy email:** | |  | | |
| **Pharmacy’s PCN:** | | (available at <https://communitypharmacyss.co.uk/healthcare-landscape/primary-care-networks-pcns/pcns-in-surrey/> ) | | |

**Contact Details**

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

**Background Information**

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| --- | --- |
| **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 Friday 8th November 2019 and sent to:**

1. Community Pharmacy Surrey & Sussex (your LPCs) email [lpc@communitypharmacyss.co.uk](mailto:lpc@communitypharmacyss.co.uk)
2. All the pharmacies in your PCN area by email

(available at <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.