**SOMERSET LPC ELECTION**

**Self-Nomination Form**

|  |  |
| --- | --- |
| Name: | Representing:(name of contractor) |
| Address of contractor: |
| Are you a Pharmacist?⬜ Yes ⬜ No | Job title:(e.g. Superintendent Pharmacist, pharmacist manager, regional manager, NHSdevelopment manager, technician) |
| Please tick which of the following applies to you: ⬜ Owner ⬜ Employee ⬜ Shareholder ⬜ Director ⬜ Manager ⬜ Locum ⬜ Other (please state): .................................................... |
| How many hours a week do you work at this pharmacy? | How many hours a week do you work inany 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: |

|  |
| --- |
| **Declaration:**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. |
| Signature of candidate: | Date: |

Please return this form by 12 noon on 2nd May 2023 to the Returning Officer at the following email address: somersetlpc@gmail.com