

Expression Of Interest Form

Also available to complete online at www.pharmacyinfocus.co.uk



Please complete in BLOCK CAPITALS.

Business / Individual to be entered: _____

Job Title (if applicable): _____

Trading Name of pharmacy / business: _____

Address: _____

_____ **Postcode:** _____

Tel: _____

Email: _____

Customer Service Award (1-3 Pharmacies)	<input type="checkbox"/>	supported by Almus Pharmaceuticals
Customer Service Award (4+ Pharmacies)	<input type="checkbox"/>	supported by Mylan
Business Initiative	<input type="checkbox"/>	supported by Actavis UK
Health Promotion Award	<input type="checkbox"/>	supported by Roche Diabetes Care (Accu-Chek)
Innovation and Change in Pharmacy Practice Award	<input type="checkbox"/>	supported by McLernons Computers
Pharmacy Manager of the Year Award	<input type="checkbox"/>	supported by Teva UK Limited
Young Community Pharmacist of the Year Award	<input type="checkbox"/>	supported by Pfizer
Pharmacy Counter Assistant of the Year Award	<input type="checkbox"/>	supported by Reckitt Benckiser Healthcare (UK)
Outstanding Contribution to Pharmacy Award	<input type="checkbox"/>	supported by Winthrop Pharmaceuticals
Commitment to Health and Social Well-being Award	<input type="checkbox"/>	supported by Danone Baby Nutrition
Pharmacy Team of the Year Award	<input type="checkbox"/>	supported by McNeil Products

Signed: _____ **Date:** _____

Print Name: _____

Please tick this box if you are nominating a person or business

The application form will be sent to you. Please indicate if you would like it posted or emailed

Please fax completed form to 028 9084 1525 marking it for the attention of Catherine Scott or post to:

Pharmacy in Focus Awards, c/o Insight, Mallusk Enterprise Park, 2 Mallusk Drive, Newtownabbey BT36 4GN.