**COMMUNITY PHARMACY THAMES VALLEY ELECTION 2025**

**Independent Contractor Self-Nomination Form**

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| Name: | | Representing: (name of contractor) | |
| Address of contractor: | | | |
| Are you a pharmacist?  Yes  No | Job title: (e.g. Superintendent Pharmacist, pharmacist manager,  regional manager, NHS  development 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 in  any community pharmacy?  (including those specified to the left) |

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| 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 in the LPC area, who are different to the contractor seeking representation, and who support the nomination (and who shall not be electors in which the candidate has a business interest). | |
| Name and address of first contractor | Name and address of second contractor |

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| --- | --- |
| **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 31st January 2024 to: [office@cptv.org.uk](mailto:office@cptv.org.uk)