

APTUK/AAH Pharmacy Technician of the Year Award

Nomination Form

The Pharmacy Technician of the Year Award acknowledges an outstanding Pharmacy Technician who has shown a significant contribution over the past 12 months and symbolises the best of their profession; gone above and beyond their day to day duties and deserves wider recognition.

You are also required to complete a short abstract (max 75 words) to give a quick overview of the award entry. Should you be shortlisted this will be used to inform delegates of the nomination at the awards ceremony

Nominees Details	
Full Name (as should be shown on the trophy)	
Job Title/Role	
Ward/Department/Place of Work	
Organisation	
Daytime work phone no. and email address	
Nominators Details	
Full Name	
Job Title/Role	
Organisation	
Daytime work phone no. and email address	
Nomination Statement	
To what extent has the pharmacy technician made an outstanding contribution?	
What impact has their contribution had to the local team, regionally and nationally?	

<p>How does the pharmacy technician demonstrate professionalism in their practice?</p>	
<p>How does their contribution enhance patient centred outcomes?</p>	
<p>To what extent does their role/practice raise the profile of pharmacy technicians and pharmacy services with patients and the public?</p>	
<p>Please add any additional information to support the nomination</p>	
<p align="center">Short Abstract</p>	
<p>Short abstract (max 75 words) to give a quick overview of the award entry should the award be shortlisted:</p>	
<p align="center">Declaration</p>	
<p>I agree by submitting this nomination I declare that all information contained in this application is accurate and fairly presented and agree to abide by the rules of the awards, including the understanding that the judges' decision is final and that no correspondence will be entered into regarding their decision</p> <p>Signed: _____ Date: _____</p>	