

APTUK/AAH Branch of the Year Award

Nomination Form

The APTUK/AAH Branch of the Year Award acknowledges the ongoing dedication, enthusiasm and commitment of Pharmacy Technicians members running local branches voluntarily in their community.

Nominators Details	
Full Name	
Job Title/Role	
Organisation	
Daytime work phone no. and email address	
Designated role within branch (if applicable)	
Nominated Branch Details	
Branch (as should be shown on the trophy)	
For the period May 2018 to April 19 please provide the following information:	
Number of meetings held	
Number of attendees over the 12 month period	
Please list the meeting topics/invited speakers	
Has the branch provided a financial summary within the annual report	
Please list which consultations the branch has provided a response to	
Please describe other branch activities which support/promote APTUK	

Nominators Statement

Please add any additional information to support the nomination

Branch Annual Report

A copy of the Branch Annual Report has been submitted with this nomination (Y / N)

Declaration

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

Signed:

Date: