

# APTUK/AAH Service Transformation and Integration Award

## Nomination Form

The APTUK/AAH Service Transformation and Integration Award will be made to the pharmacy technician/service which, in the opinion of the judges, demonstrates the positive impact an initiative or collaboration has had on improving a service or working practices to enhance patient centred outcomes.

| <b>Nominees/Applicants Details</b>  |  |
|---|--|
| <b>Full Name<br/>(as should be shown on the trophy)</b>                             |  |
| <b>Job Title/Role</b>   |  |
| <b>Ward/Department/Place of Work</b>  |  |
| <b>Organisation</b>   |  |
| <b>Daytime work phone no. and email address</b>                                     |  |
| <b>Nominators Details</b>   |  |
| <b>Full Name</b>  |  |
| <b>Job Title/Role</b>   |  |
| <b>Organisation</b>   |  |
| <b>Daytime work phone no. and email address</b>                                     |  |
| <b>Nominators/Applicants Statement</b>  |  |
| <b>Please provide an overview of the initiative</b>                                 |  |
| <b>What role did the nominee/applicant play in the delivery of this initiative?</b> |  |
| <b>What was the need that the initiative sought to address?</b>                     |  |

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| <b>What were the challenges that had to be overcome to enable the initiative to come to fruition?</b> |  |
| <b>What were the achievements or improvement in terms of measurable outcomes?</b>                     |  |
| <b>What specifically where the benefits to patients?</b>  |  |
| <b>Please add any further information</b>   |  |
| <b>Managers Details</b>   |  |
| <b>Full Name</b>  |  |
| <b>Job Title/Role</b>   |  |
| <b>Organisation</b>   |  |
| <b>Daytime work phone no. and email address</b>   |  |
| <b>Managers Statement</b>   |  |
| <b>Please provide an overview of the initiative</b>   |  |

|   |  |
|---|--|
|   |  |
| <b>What role did the nominee/applicant play in the delivery of this initiative?</b>                   |  |
| <b>What was the need that the initiative sought to address?</b>                                       |  |
| <b>What were the challenges that had to be overcome to enable the initiative to come to fruition?</b> |  |
| <b>What were the achievements or improvement in terms of measurable outcomes?</b>                     |  |
| <b>What specifically were the benefits to patients?</b>   |  |
| <b>Please add any further information</b>   |  |

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| <b>Declaration</b>  |       |
| <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> |       |
| Signed:   | Date: |