

APTUK/AAH Pharmacy Technician of the Year Award

Nomination Form

The APTUK/AAH Pharmacy Technician of the Year Award acknowledges an outstanding individual 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.

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	
Nominators 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?	
How does their contribution enhance the role of pharmacy in the wider healthcare setting?	

How does their contribution enhance patient centred outcomes?	
To what extent does their role raise the profile and perception of pharmacy services with patients and the public?	
Please add any additional information to support the nomination	
Managers Details	
Full Name	
Job Title/Role	
Organisation	
Daytime work phone no. and email address	
Managers 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?	

How does their contribution enhance the role of pharmacy in the wider healthcare setting?	
How does their contribution enhance patient centred outcomes?	
To what extent does their role raise the profile and perception of pharmacy services with patients and the public?	
Please add any additional information to support the nomination	

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: