

APTUK/AAH Patient Safety Award

Nomination Form

The APTUK/AAH Patient Safety Award will be made to the pharmacy technician/technician led service which, in the opinion of the judges, demonstrates outstanding contribution to improving Patient Safety.

Nominees/Applicants 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/Applicants Statement	
To what extent has the individual/project made a positive impact of patient care and improving patient safety?	
How reproducible is the initiative or role or application of their practice?	
Does the project enhance the role of pharmacy technicians?	

<p>Does the project increase the role of pharmacy in the wider healthcare setting?</p>	
<p>To what extent does the project raise the profile and perception of pharmacy services with patients and the public?</p>	
<p>Is this an original concept?</p>	
<p>Please add any additional information to support the nomination</p>	
Managers Details	
<p>Full Name</p>	
<p>Job Title/Role</p>	
<p>Organisation</p>	
<p>Daytime work phone no. and email address</p>	
Managers Statement	
<p>To what extent has the individual/project made a positive impact of patient care and improving patient safety?</p>	
<p>How reproducible is the initiative or role or application of their practice?</p>	

Does the project enhance the role of pharmacy technicians?	
Does the project increase the role of pharmacy in the wider healthcare setting?	
To what extent does the project raise the profile and perception of pharmacy services with patients and the public?	
Is this an original concept?	
Please add any additional information to support the nomination	
Declaration	
<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>	