

# APTUK/AAH Branch of the Year Award

## Nomination/Application 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.

<b>Nominator/Applicants Details</b>	
<b>Full Name</b>	
<b>Job Title/Role</b>	
<b>Organisation</b>	
<b>Daytime work phone no. and email address</b>	
<b>Designated role within branch (if applicable)</b>	
<b>Nominated Branch Details</b>	
<b>Branch (as should be shown on the trophy)</b>	
<b>For the period May 2017 to April 18 please provide the following information:</b>	
<b>Number of meetings held</b>	
<b>Number of attendees over the 12 month period</b>	
<b>Please list the meeting topics/invited speakers</b>	
<b>Has the branch provided a financial summary within the annual report</b>	
<b>Please list which consultations the branch has provided a response to</b>	
<b>Please describe other branch activities which support/promote APTUK</b>	

**Nominator/Applicants 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/application 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:

