A picture containing text, clipart, sign, businesscard

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**CPNY Awards 2022 Entry Form**

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| --- | --- |
| Full name of nominee (if individual): |  |
| Pharmacy represented: |  |
| ODS Code: |  |

|  |  |
| --- | --- |
| Name of person submitting the nomination: |  |
| Contact Email address: |  |

|  |
| --- |
| Which award category are you submitting a nomination for?  Pharmacy Team of the Year  Unsung Hero/Outstanding Person  Pharmacist of the Year  HLP Champion of the Year  Trainee Pharmacist of the Year  Technology Award  Local Healthcare Initiative of the Year  Community Pharmacy Heroes of the Year |

|  |
| --- |
| What has the individual or pharmacy done to deserve this award? |
| Who benefited from this individual’s or pharmacy’s actions? |
| What difference did it make? What makes this individual or team stand out above the rest? |

Each of the three sections above will be scored 1-5 during the judging process (5 being the best)

(Each answer limited to 100 words please)

Please email this form to: [laura.smart@cpny.co.uk](mailto:laura.smart@cpny.co.uk)

**The deadline for entries is Friday 20th May 2022**