

Notes for completing the nomination form for candidates and supporting electors

1. The candidate must be supported by six nominating independent pharmacy contractors (nominators) in the region. This means that the nomination form must be signed by or on behalf of six supporting electors/voters in the region.
2. Independent pharmacy contractors are those who own no more than nine NHS pharmacies in England and are not a member of the Association of Independent Multiple pharmacies.
3. Where the nominating independent pharmacy contractor is a body corporate, the person signing should be a director or the company secretary, as recorded at Companies House. If the person signing is not a director or the company secretary, there should be a letter accompanying the nomination, from a director or the company secretary, authorising the person who has signed the nomination to do so. Company searches will be carried out to verify details, so if a director is not yet included in records at Companies House, please provide a copy of the formal Board minute, signed by the company secretary or a director that confirms the appointment.
4. The six nominating independent pharmacy contractors must be different (i.e. a contractor with two pharmacies cannot sign twice on the same form).
5. Candidates for election and nominating independent pharmacy contractors should use the official nomination form. If an official nomination form is not used, the nominations submitted must include all the particulars shown on the official form. If a nomination is received which does not include all the particulars shown on the official form, this will not be accepted as a valid nomination.
6. Nomination forms must be received by the Joint Returning Officers **no later than 12 noon (midday), Wednesday 8th February 2023**
7. Any nomination form not meeting the above requirements will be invalid and will be disqualified.
8. Nomination forms are available on the PSNC elections page of the PSNC website.

Pharmaceutical Services Negotiating Committee (PSNC)
Nomination form for PSNC Regional Representative
Elections 2023

Candidate's full name:
Address of one pharmacy owned by the candidate in the Region:
Correspondence Address:
Telephone number:
LPC:

Declaration by the Candidate

I confirm that I am:

[delete as appropriate]

- an independent contractor
- a partner of a partnership that owns an NHS pharmacy in the region
- a director and substantial shareholder (through shares held by myself or my immediate family i.e. parents, spouse or children) of a company that owns an NHS pharmacy in the region. (The latest annual return and other information publicly available at Companies House will be examined to verify directorships and shareholdings). If the shareholding is not held individually, but through immediate family members, please notify the Returning Officers of the family members, who are shareholders, and their relationship to the candidate. If the last annual return to Companies House is out of date, then please notify the Returning Officer of the current status of directors and shareholdings).
- I am a member of the Local Pharmaceutical Committee.
- I do not have substantial ownership (either personally or through my immediate family i.e. spouse, parents or children) in a pharmacy business or businesses owning more than 9 NHS pharmacy premises in England.
- I am not a member of the Association of Independent Multiple pharmacies.

I accept the nomination and will provide a written policy statement if there is a ballot in the region. If elected, I agree to serve on PSNC as regional representative for the region and undertake to be bound and adhere to PSNC's corporate governance principles and Code of Conduct.

Signature of Candidate _____ **Date** _____

The nomination form, **including the signed support of six nominating independent pharmacy contractors**, duly completed must be returned as a scanned electronic document via email to Katrina Worthington, one of the joint Returning Officers, katrina.worthington@psnc.org.uk , **by midday (12 noon) on 8th February 2023**

We, the undersigned, being supporting electors (Independent pharmacy contractors) in the region, nominate the candidate named below for election as Regional Representative.

Note: All six nominating independent pharmacy contractors must be electors / voters in the region at the time of nomination. A contractor may nominate **only once** on each form.

If the pharmacy is not on the GPhC register in the name of the nominator, please explain the status of the nominator, and authority to sign on behalf of the owner of the pharmacy.

Candidate:	
Nominator's name, signature and contact details	Address of a pharmacy owned by the nominator
Full Name Signature Mobile Email	ODS Code: Contractor name: Address, including postcode:
Full Name Signature Mobile Email	ODS Code: Contractor name: Address, including postcode:
Full Name Signature Mobile Email	ODS Code: Contractor name: Address, including postcode:
Full Name Signature Mobile Email	ODS Code: Contractor name: Address, including postcode:
Full Name Signature Mobile Email	ODS Code: Contractor name: Address, including postcode:
Full Name Signature Mobile Email	ODS Code: Contractor name: Address, including postcode:
Full Name Signature Mobile Email	ODS Code: Contractor name: Address, including postcode: