**Somerset County Council Contract – Public Health Services**

**Pharmacy Provider Expression of Interest Form**

We would like to express an interest in being issued with a Somerset County Council Contract for the provision of Influenza Vaccination for frontline Somerset County Council Staff Service from 1 October 2017 – 28 February 2018.

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| --- | --- |
| **Pharmacy Name** |  |
| **Is this Expression of Interest on behalf of multiple branches?**  **[Please list participating branches on an additional sheet]** |  |
| **Lead Name (for queries)** |  |
| **Telephone Number** |  |
| **Email Address** |  |
| **Address** |  |
| **Postcode** |  |

|  |  |
| --- | --- |
| **Public Health Service** | Please tick to express an interest in delivering the Service |
| Influenza Vaccination for frontline Somerset County Council Staff Service |  |

|  |  |
| --- | --- |
| Form completed by: |  |
| Position: |  |
| Date: |  |

Please return by 31st August 2017 to:

Mathew Bennett

[MBennett@somerset.gov.uk](mailto:MBennett@somerset.gov.uk)

B3S, PP B3S 2, County Hall, Taunton TA1 4DY