**Notes for completing the nomination form for candidates and supporting electors**

1. If relevant, print the attached form double sided, and ensure the candidate’s name is on **both** pages.
2. The candidate must be supported by six electors. This means that the nomination form shall be signed by or on behalf of the six electors in the region (see additional notes on electronic submission in PSNC Briefing 019/22: Guide to the Regional Representative Election for the North East and Cumbria Region).
3. Supporting electors are independent chemists/pharmacies (i.e. those contractors who own or who have a beneficial interest in nine or fewer NHS pharmacies in England and are not a member of the Association of Independent Multiple pharmacies).
4. Where the supporting elector 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.
5. The six supporting electors must be different (i.e. a contractor with two pharmacies cannot sign twice on the same form).
6. Candidates for election and supporting electors should use the official form. If an official nomination form is not used, 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 then this will not be accepted as a valid nomination.
7. Nomination forms must be received by the Returning Officer **no later than midday (12noon) on Tuesday 16th August 2022**.
8. Any nomination not meeting the requirements above will be invalid and will be disqualified.
9. Nomination forms are available on the LPC Members’ Area of the PSNC website.

**Pharmaceutical Services Negotiating Committee (PSNC)**

**Nomination form for Regional Representative for North East and Cumbria**

**Election 2022**

|  |
| --- |
| Candidate 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 and their relationship to the candidate, who are shareholders. 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 in total, more than 9 NHS pharmacy premises in England.
* I am not a member of the Association of Independent Multiple pharmacies.
* I do not have any interest in a Multiple Chemist business / I do have an interest in a Multiple Chemist business and the name of that Multiple Chemist business is **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This nomination form, **including the nominations on the reverse** duly completed may be returned as a scanned electronic document via email to [lpc.support@psnc.org.uk](mailto:lpc.support@psnc.org.uk) or in hard copy form, for the attention of the Returning Officer, PSNC, 14 Hosier Lane, London, EC1A 9LQ **to be received** **no later than 12 noon (midday) on Tuesday 16th August 2022** (see additional notes in the briefing on electronic submission).

**Nominators’ details**

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

Note: All six nominators must be electors 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 nominator’s pharmacy** |
| Full Name  Signature  Mobile  Email | F Code:  Contractor name:  Address, including postcode: |
| Full Name  Signature  Mobile  Email | F Code:  Contractor name:  Address, including postcode: |
| Full Name  Signature  Mobile  Email | F Code:  Contractor name:  Address, including postcode: |
| Full Name  Signature  Mobile  Email | F Code:  Contractor name:  Address, including postcode: |
| Full Name  Signature  Mobile  Email | F Code:  Contractor name:  Address, including postcode: |
| Full Name  Signature  Mobile  Email | F Code:  Contractor name:  Address, including postcode: |