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**NOMINATION FOR RPS ACHIEVEMENT IN LOCAL ENGAGEMENT AWARD 2017**

**NOMINATION ONLY**

Submitted by (including email address):

Nominee contact details

Full name:

RPS membership number (if applicable):

Contact Phone Number (incl. area code):

Email Address:

Place of work and job title:

The nomination will be expected to demonstrate one or more of the following criteria: -

* **Has the local engagement activity had an impact on the profession in the local area?**
* **Has the activity had a high and / or wide reach to different audiences**
* **Has the activity worked collaboratively with local pharmacy and healthcare networks?**

Please describe in no more than 500 words why you feel you or your nominee meets the above criteria.

500 words max

Please provide an overview of why you or your nominee should receive this award. This will be inserted in the Awards booklet.

100 words max