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**NOMINATION FOR RPS PATIENT CHAMPION 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 entrant demonstrated an outstanding performance in improving outcomes for pharmacy?
* Has the entrant engaged in innovative projects or initiatives for the benefit of patients?
* Has the entrant shown best practice in a patient centred approach?
* Has the entrant had a positive impact on patients?

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