multidisciplinary working award

Either an individual or team working in, or with, community pharmacy and facilitating the collaboration of healthcare professionals from primary and/or secondary care to deliver safe and effective outcomes in service pathways and patient care.

**Name and position of nominee:**

**Nominee contact email: Telephone:**

**Community Pharmacy name + ODS code (if known):**

What have you done to deserve this award and why?

what impact have you had on your patients?

what impact have you had on community pharmacy?

how have you improved links with other healthcare professionals?

**Nominator contact name:**

**Nominator telephone:**

**Nominator email:**