**PCN Community Pharmacy PCN Lead Expression of Interest Form**

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| --- | --- | --- | --- | --- |
| **Pharmacy name &**  **Address:** |  | | | |
| **ODS (F) code:** |  | | **Pharmacy’s PCN:** |  |
| **Pharmacy NHS email:** | |  | | |

**Contact Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I am interested in representing community pharmacy for a Primary Care Network. | | Please state name of Primary Care Network: | I understand that Devon LPC will contact me to discuss this further. |  |
| **Name** |  | | | |
| **Job Title** |  | | | |
| **Email address** |  | | | |
| **Telephone number** |  | | | |

**Completed forms should be returned as soon as possible to or at the latest by the 15th October 2019.**

Sue Taylor, Chief Officer, Devon LPC, Deer Park Business Centre, Haldon Hill, Kennford, Exeter EX6 7XX

By email to [sue@devonlpc.org](mailto:sue@devonlpc.org)