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

|  |  |
| --- | --- |
| **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