**Pharmacist of the Year/Pharmacy Team of the Year**

*Description of the award:*

This award seeks to recognise a community pharmacist/pharmacy team who have made an outstanding contribution to patient care in their local area. It is open to all qualified community pharmacists practising in the UK. We invite applications from community pharmacists themselves and nominations from colleagues.

*Applications should demonstrate all or some of the below:*

* A brilliant individual/ team who have made a real difference to the provision of care in their local community
* Evidence that their efforts and imagination have improved patient care and/or safety; for example, through leading improvement projects, introducing a private service or improving integration of healthcare in their local area

*Criteria that judges will be marking against:*

* Clear evidence of the individual/team’s impact on their patients, community or the local area
* Evidence of exceptional local leadership, imagination and/or innovation and how these qualities have influenced the outcome of their work
* Measurable outcomes in patient care, including clinical outcomes such as increase in vaccinations
* The sustainability of the changes observed
* Examples of the pharmacist/pharmacy team engaging with the wider health system i.e. GP practices and commissioners

**Contact details\***

**Name of person making the entry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact email of person making the entry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact number of person making the entry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Individual/team being nominated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact email for individual/team being nominated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact number for individual/team being nominated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*\*Please note, these details are only captured in order to contact the nominee should they be shortlisted.*

***Please fill in the boxes***

***Please refrain from including patients’ names or details.***

***Part 1 - Overview***

1. Please give an overview of why this individual or team deserves to win the Pharmacist/Pharmacy Team of the Year Award. (200 words)

*Please note, we may use this overview statement on the night of the Awards and editorial write ups should they be shortlisted.*

1. Describe how their work has directly benefitted patients, service users and/or staff. (300 words)

***Part 2 - Evidence***

1. Are there any specific examples of processes, best practice or innovation that underpin why they deserves to win the award? (300 words)
2. Please share any evidence to support your nomination. (300 words)
3. Please include any testimonials from patients, colleagues, or others (not included in their team) that support this entry. (300 words)
4. Please include any additional comments or attach any supporting documents. Supporting documents can include graphs, flow charts, tables, etc.

**Please note, Supporting Documents are limited to two files**