**Community Pharmacy Grampian Associate Member Application Form**

There is a vacancy for an Associate Member on the CP Grampian Committee.

Each Health Board Community Pharmacy Committee can have up to 2 Pharmacist Associate Members appointed by the committee.

Pharmacist Associate Members who are interested can apply to the committee in conjunction with their employer or line manager for Company Chemist Association Employees.

Please return to Community Pharmacy Scotland either by email to june.mcdonald or post to:

June McDonald

Community Pharmacy Scotland

42 Queen Street

Edinburgh

EH2 3NH

Community Pharmacy Scotland (CPS) respects your personal information and will keep it secure and confidential.

We will use the information you provide for the purposes of CPS Associate Members application forms and maintaining our CPHB/Council/Board committee membership records internally and on our website so that, if elected to a committee, members in your health board area will know who their representatives are. We do this on the basis of fulfilling a service contract with you, and on occasion to satisfy our legal obligations. We collect only the data we need and will keep this data only for as long as necessary, which will normally be for the duration of your term on these committees or for as long as we are required to by law e.g. for constitutional purposes.

In accordance with our data protection policy, you are entitled to request a copy of the information which we hold about you. If you become aware that the personal information we hold about you is inaccurate, you may request that it is amended. You may also object to our processing of your data if you believe it is unlawful. You can read more about your rights and lodge complaints at [www.ico.org](http://www.ico.org).

For more information about how we process personal information, or if you have any concerns you should contact Amanda Henderson in the first instance: 42 Queen Street, Edinburgh EH2 3NH, 0131 467 7766 or by email to enquiries@cps.scot.

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| **Name of Applicant** |  |
| **GPhC Number** |  |
| **Contractor code where you are based** |  |
| **Health Board where you are based** |  |
| **Business postal address (for our website)** |  |
| **Email Address (for office use only)** |  |
| **Telephone number (for office use only)** |  |

Please provide us with the following information:

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| **Position Held** | **Date** |
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Please detail your experience working in the Pharmacy Sector

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| **Please detail the skills and experience you have which will aid the committee to further the role of community pharmacy within the Health Board area.** |
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**I certify that the information I have provided is accurate at the time of writing.**

Associate Member Contractor Member or CCA line manager

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_