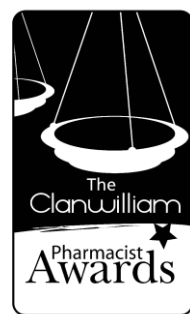


**Please print and copy for patients to nominate*



2017 Clanwilliam Pharmacist Awards

Patient Nominated Award

Sponsored by the Irish Pharmacy Union

Your Details

Name: _____ Tel No: _____
County: _____ Email: _____
Address: _____ In what capacity do you know the nominee?

Nominee Details

Name: _____ Address: _____
County: _____
Pharmacy Name: _____ Tel No: _____

Reason for Nomination

What made you decide to nominate this pharmacist for this award? Please give examples of care or service that was noteworthy or made a positive impact on the patient's life and health.

Please tick if you consent for your identity to be disclosed to the nominee on request

Please tick if you consent to disclose the content of this nomination to the nominee on request or for the purpose of promoting the awards

Please send nomination form to:
Pharmacist Awards, Clanwilliam Health,
3094 Lake Drive, Citywest Business Campus, Dublin 24

Alternatively, nominate your pharmacist at
www.pharmacistawards.com