# Screen Shot 2019-08-08 at 15.24.08.pngMidlands Practice Pharmacy Network

Membership Application

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| I would like to enrol as a member of the Midlands Practice Pharmacy Network (MPPN) / [www.mppn.org.uk](http://www.mppn.org.uk).By completing and submitting this application form, I agree to abide by the rules of the MPPN as set out in its constitution. | | | |
| Applicant Information | | | |
| Name / Prof. title: | | | |
| Contact Email: | | Contact Phone number: | |
| *Please tick as appropriate:* | | | |
| 1. I am a: Clinical Pharmacist  Pharmacy Technician  Foundation Year Pharmacist  Other   If “other” please describe your role: ………………………………………………………………………………….………………………………………….………………………………………………………...  …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………. | | | |
| 1. I am contracted, self-employed or employed:  * directly by a GP Practice(s) in the Midlands * by a PCN in the Midlands * by an ICB in the Midlands * by an Acute Trust in the Midlands * Other   If “other”: | | | |
| 1. I have an IP qualification (or am actively working towards an IP qualification) and I am considering a role working in general practice 2. I am a pharmacy technician not currently employed/contracted with a general practice but am actively considering a role in general practice | | | |
| Place of work / practice address(es): | | | |
| GPHC number: | Professional Qualifications: | | |
| AREAS OF INTEREST | | | |
| Please indicate below if you have any professional areas of interest or specialisation that you think may be relevant to the activities of the MPPN: | | | |
| Please indicate below if you have any particular training and professional development requirements: | | | |
| Any other information you think may be relevant: | | | |
| Signature | | | |
| Signature of applicant: | | | Date: |

Please email the completed form to Simon @ [simon@mppn.org.uk](mailto:simon@mppn.org.uk).

Membership is open to clinical pharmacists and pharmacy technicians in the Midlands region of the UK who:

* are directly employed or contracted with a general practice, ICB or PCN. And/or
* have an IP qualification (as appropriate) or are actively working towards an IP qualification and are actively considering a role working in general practice. (Applicants may be asked to provide supporting evidence.)

****Members’ personal data will not be shared with any third parties and will only be used to support MPPN activities and processes (for example, circulation of materials and invitations to events) and to comply with legal and good governance obligations.