

PrescQIPP Champion nomination form

The following individual is nominated to become a PrescQIPP Champion.

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| **Nominating STP/HB** |  |
| **Name of nominee** |  |
| **Job title** |  |
| **Email address** |  |
| **Phone no.** |  |
| **Working days/hours** |  |

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| **Would you like to share any other information?** |
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| **Please confirm that this nomination has been agreed within the STP/HB** |  |
| **Name** |  |
| **Job title** |  |
| **HB/CCG/STP** |  |

Many thanks for your nomination

**Please email this form to** **Karen@prescqipp.info** **by 12 April 2019.**