

**Expression of Interest: One Day Master Class – Leadership and Management of Hybrid Dispensaries**

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| Name and Title |   |
| Job Role eg Partner, PM, etc |   |
| Best email contact |   |
| Practice Name |   |
| Practice Postcode |   |
| Dispensing List Size |   |
| Total List size |   |
| Pharmacy Name | Y/N |
|   |   |
| Does your partnership own the Pharmacy | Y/N |
| Is the pharmacy at the same site as the Dispensary |   |
| WDA(H) |  Y/N |
| If Yes - WDA(H) Number |   |
|   |   |
| Which PCN do you belong to? |   |
|  |  |
| Depending upon number and location of delegates, we plan on meeting at a hotel in central England for a one-day conference in late February, early March, or April 2023 |
| There is funding available via the PCN DES which has a funding pot for training for Leadership and Management. If you apply to the PCN and give us their details, we will invoice the PCN directlyPlease complete and email this form back to enquiries@spotdispensing.com |