

Electronic Cigarettes and Strengthening Tobacco Control in Scotland



RESPONDENT INFORMATION FORM

Please Note this form must be returned with your response to ensure that we handle your response appropriately. If your response is longer than the answer space provided please use additional sheets and number each response accordingly. Please do not submit responses which are longer than 25 pages.

1. Name/Organisation

Organisation Name

Royal Pharmaceutical Society

Title Mr ☐ Ms ☐ Mrs ☒ Miss ☐ Dr ☐ *Please tick as appropriate*

Surname

Bryson

Forename

Aileen

2. Postal Address

Holyrood park House

106 Holyrood Road

Edinburgh

Postcode EH8 8AS

Phone
01315242008

Email
aileen.bryson@rpharms.com

3. Permissions - I am responding as...

Individual

☐

/

Group/Organisation

Please tick as

☒

- (a) Do you agree to your response being made available to the public (in Scottish Government library)
- (b) Where confidentiality is not requested, we will make your responses available to the public on the following basis **Please tick ONE of the following boxes**
- Yes, make my response, ☐
- name and address all

- (c) The name and address of your organisation **will be** made available to the public (in the Scottish Government library)
- Are you content for your **response** to be made available?
- Please tick as appropriate**
- ☒ Yes ☐ No

available

Yes, make my response
available, but not my
name and address

☐

Yes, make my response
and name available, but
not my address

☐

(d) We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Please tick as appropriate

☐ **No**

☒ **Yes**