



Appendix 1

Healthcare Professional Agreement to Supply Medicine(s) Under Patient Group Direction

I: _____ (Insert name)

Working within: _____ e.g. Area, Practice

Agree to supply the medicine(s) contained within the following Patient Group Direction:

**Patient Group Direction For The Supply Of Ulipristal Acetate
Emergency Contraception (UPA-EC) By Approved Healthcare
Professionals Working Within NHS Grampian, Highland, Orkney,
Shetland, Tayside And Western Isles**

I have completed the appropriate training to my professional standards enabling me to supply the medicine(s) under the above direction. I agree not to act beyond my professional competence, nor out with the recommendations of the direction.

Signed:

Print Name:

Date:

Profession:

**Professional Registration
number/PIN:**
