

**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 Levonorgestrel Emergency Contraception (LNG-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:** \_\_\_\_\_