

**Clinical Portal Leavers Form**

**DETAILS OF INDIVIDUAL LEAVING**

<b>Name</b>	
<b>GPHc No</b>	
<b>Contractor Code</b>	
<b>Date Left</b>	

I no longer require the username issued for clinical portal. Please remove me from the list.

Signature ..... Date.....

Please return completed form to:

Community Pharmacy Development Team - [ggc.cpdevteam@nhs.scot](mailto:ggc.cpdevteam@nhs.scot)