

APPLICATION FOR A PHARMACY SERVICES PRESCRIBER PAD TO DELIVER COMMON CLINICAL CONDITIONS



Prescribers Details:

Title: Forename(s): Surname:

DoB: GPhC Number:

Pharmacy / Workplace

Workplace Address:

Town:

Postcode:

Work Email Address:

Contact Telephone No:

Profession & Prescriber Type

1. What date did you complete the Independent Prescribing Course?	
2. If your Independent Prescribing Training is out-with 2 years have you completed the "return to prescribing" course on Turas	Yes / No
If answer is NO when do you intend to complete this course?	
3. What date did you complete the following training (If you have not completed the training please state " None ":-	
Consultation and communication skills course (1 day)	
Core clinical skills (2 days)	
Common clinical conditions (1 day)	
4. Do you have valid and adequate Indemnity Insurance to cover independent prescribing?	Yes / No
5. Have you attached a copy of your Independent Prescribing Certificate	Yes / No
6. Have you attached a copy of your GPhC Annotation	Yes / No

Current Prescribing Pads

Prescribing Code:	Practice HSCP/ GP or PPSU:	When did you last use your pad?
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature of Lead Pharmacist: (Must be completed by Alan Harrison)

Print Name:

Signature:

Date:

Organisation Contact Details

Organisation:	NHS Greater Glasgow & Clyde
Address:	Michelle Cooper Community Pharmacy Development Team Clarkston Court 56 Busby Road Clarkston Glasgow G76 7AT Email : michelle.cooper@ggc.scot.nhs.uk
Phone Number:	0141 201 6041
Email Address:	ggc.cpdevteam@nhs.scot

Please Note that we require a copy of your IP certificate and GPhC Annotation.