

**OUT OF HOURS SERVICE**  
**NOTIFICATION OF PARTICIPATION**

**IMPORTANT INFORMATION**

Please note by volunteering for this service you are agreeing to the Out of Hours team contacting you at any time out with normal pharmacy hours.

This is a voluntary service and individuals must undertake their own risk assessment prior to accepting any call out.

*PLEASE COMPLETE IN BLOCK CAPITALS*

<b>Name of Participant:</b>	
<b>Home Address:</b>	
<b>Home Telephone No:</b>	
<b>Mobile No:</b>	
<b>Name of Pharmacy:</b>	
<b>Address of Pharmacy:</b>	
<b>Pharmacy Telephone No:</b>	
<b>Signature:</b>	
<b>Date:</b>	

Form to be returned to: [ggc.cpdevteam@nhs.scot](mailto:ggc.cpdevteam@nhs.scot)