**Pharmacy Care Record (PCR) user creation request form**

**PLEASE COMPLETE IN BLOCK CAPITAL LETTERS USING BLACK INK**

|  |  |
| --- | --- |
| NHS Board Name: | NHS Ayrshire & Arran |
| Return form to: | [**Digitalservicesfacilitators@aapct.scot.nhs.uk**](mailto:Digitalservicesfacilitators@aapct.scot.nhs.uk) |

**To be completed by the Pharmacist or Registered Pharmacy Technician applying for a PCR account**

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| --- | --- | --- | --- | --- |
| **PHARMACIST**  GPhC Registration No: (will be PCR user ID) |  | | | |
| **REGISTERED TECHNICIAN**  GPhC Registration No: (will be PCR user ID) |  | | | |
| Given Name (First Name): |  | | | |
| Family Name (Surname): |  | | | |
| Email address: |  | | | |
| Contact phone No: |  | | | |
| ***Please indicate if only work at weekends*** | Yes | □ | No | □ |

|  |  |
| --- | --- |
| **Please supply your existing pharmacy contact details for password distribution purposes** | |
| Contractor No: |  |
| Name & Address: |  |
| Contact Phone No: |  |
| Email Address: |  |

|  |  |
| --- | --- |
| **Locum Pharmacist please supply contact details for password distribution purposes** | |
| Address: |  |
| Contact Phone No: |  |
| Email Address: |  |

**Signature of Applicant: ……………………………………… Date: ……………………**