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

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

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| NHS Board Name: | NHS Ayrshire & Arran |
| Return form to: | **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 | □ |

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

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

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