

Pharmacy Care Record (PCR) User Creation Request Form

PLEASE COMPLETE IN BLOCK CAPITAL LETTERS USING BLACK INK

NHS Board Name:	NHS Greater Glasgow & Clyde
Form return details:	Community Pharmacy Development Team NHS Greater Glasgow & Clyde Pharmacy Services Clarkston Court, 56 Busby Rd, Clarkston, Glasgow G76 7AT Email: ggc.cpdevteam@nhs.scot

TO BE COMPLETED BY THE REGISTERED PHARMACIST APPLYING FOR A PCR ACCOUNT

Pharmacist GPhC registration number: (will be PCR user ID)	
Given Name (First name):	
Family Name (Surname):	
NHS email address:	
Contact No:	

Please supply your existing pharmacy contact details

Contractor No:	
Pharmacy Address:	

If you are a Locum Pharmacist please supply contact details

Home Address:	
---------------	--

Signature of Applicant: **Date:**