## Pharmacy Care Record (PCR) User Creation Request Form

## PLEASE COMPLETE IN BLOCK CAPITAL LETTERS USING BLACK INK

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:	NHS Board Name:	NHS Greater Glasgow & Clyde
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:	Form return details:	NHS Greater Glasgow & Clyde Pharmacy Services Clarkston Court, 56 Busby Rd, Clarkston,
(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		Email: ggc.cpdevteam@nhs.scot
(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		
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Contact No:  Please supply your existing pharmacy contact details  Contractor No:  Pharmacy Address:  If you are a Locum Pharmacist please supply contact details	Family Name (Surname):	
Please supply your existing pharmacy contact details  Contractor No:  Pharmacy Address:  If you are a Locum Pharmacist please supply contact details	NHS email address:	
Contractor No:  Pharmacy Address:  If you are a Locum Pharmacist please supply contact details	Contact No:	
Contractor No:  Pharmacy Address:  If you are a Locum Pharmacist please supply contact details		and the later
Pharmacy Address:  If you are a Locum Pharmacist please supply contact details	Please supply your existing pharmacy	contact details
If you are a Locum Pharmacist please supply contact details	Contractor No:	
	Pharmacy Address:	
	If you are a Legum Pharmacist please supply contact details	
Home Address:	ii you are a Locuiii Fiiariiiacist piease supply contact details	
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Signature of Applicant: ...... Date: ......