**Multi-Compartment Compliance Aids (MCA) Scheme**

**Application Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Pharmacy Name: |  | Contractor Code: |  |
| Address: |  |  |
|  |  |  |
|  |  |  |
| Postcode: |  |  |
|  |  |  |  |
| Current number of patients receiving multi-compartment compliance aids (Please do not include patients in Care Homes) |  |  |

I undertake to submit my original Venalink / MTS Medication Technologies Ltd invoice(s) every month to the Community Pharmacy Development Team **\***. I understand I will be reimbursed the costs of the invoice(s) excluding VAT.

**\*** Please note that reimbursement will not be made for patients in Nursing/Care Homes.

*I declare that the information given on this form is correct and complete. I understand that if it is not, action may be taken. For the purpose of verification of these claims and the prevention, detection and investigation of crime, I consent to the disclosure of relevant information on this form including to and by the Common Services Agency.*

I declare that the above number represents patients who are currently not resident in a Nursing/Care Home.

|  |  |  |  |
| --- | --- | --- | --- |
| Form completed by:*(Please print full name)* |  | Date: |  |
| Signature: |  |  |

Please return completed form to:

NHS Greater Glasgow & Clyde

Community Pharmacy Development Team

Clarkston Court, 56 Busby Road, Clarkston,

Glasgow, G76 7AT

Email: ggc.cpdevteam@nhs.scot