**The completed form must be sent by email to:** shet.pharmacyprimarycare@nhs.scot

**Appendix 1**

|  |  |
| --- | --- |
| **NHS Board Name:** | **Shetland** |
| **NHS Board Contact:**(*for NSS Use*) | Mary McFarlane mary.mcfarlane@nhs.scot |

**To be completed by the pharmacist / technician applying for a password:-**

|  |  |
| --- | --- |
| **Pharmacist** **GPhC registration number: (will be PCR user ID)** | \* |
| **Technician GPhC registration number: (will be PCR user ID)** | \* |
| **Given Name of applicant (First name):** | \* |
| **Family Name of applicant (Surname):** | \* |
| **Email address of applicant or pharmacy:**  | \* |
| **Contact Phone No. for applicant:** | \* |

*\* mandatory field*

|  |  |
| --- | --- |
| **Contractor Code of normal place of work if applicable:** |  |

Please indicate if you normally work

|  |  |
| --- | --- |
|  Weekdays |  |
|  **or** |  |
|  Weekends only |  |

This form will be sent for processing by NHSShetland to **nss.psdhelp@nhs.scot**

Authorised in NHS Shetland by

Initials

 Date