

**NHS E-mail address request form for new users:**

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| --- | --- |
| **Title** |  |
| **First Name** |  |
| **Last Name** |  |
| **Email address (personal)** |  |
| **Phone (work)** |  |
| **Phone (personal)** |  |
| **Post (Pharmacist, Locum, PA, PT)** |  |
| **Registration body (if applicable)** |  |
| **Registration number (if applicable)** |  |
| **Start date:** |  |
| **Location (Main Contractor Code)** |  |

|  |  |
| --- | --- |
| Please confirm that you have read and the document “TERMS OF USE FOR NHS MAIL” |  |

Signature:

FOR GOOD GOVERNANCE THE COMPLETED FORM SHOULD BE EMAILED VIA A VALID

nhs.scot ACCOUNT (YOUR MANAGER, OR GENERIC PHARMACY EMAIL ADDRESS.)

**Please return completed form to dg.dop@nhs.scot**