**PCR FORM FOR NEW USERS**

**Please complete and return by email to: colin.wylie@nhs.scot**

|  |  |
| --- | --- |
| **NHS Board Name:** | **Dumfries and Galloway** |
| **NHS Board Contact:**  (*for NSS Use*) | **Colin Wylie** |

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

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| --- | --- |
| **Pharmacist** **GPhC registration number:**  **(This will be your PCR user ID)** |  |
| **Technician GPhC registration number:**  **(This will be your PCR user ID)** |  |
| **Given Name (First name):** |  |
| **Family Name (Surname):** |  |
| **Email address(nhs.scot account):** |  |
| **Contact phone No:** |  |

|  |  |
| --- | --- |
| **Contractor Code if applicable:** |  |

Please select from the following options (mark as appropriate):

|  |  |
| --- | --- |
| Password to be verbally communicated (weekday workers)  You will be emailed and asked to call the ePharmacy Helpdesk (0131 275 6600) from a pharmacy. They will issue you a temporary password. |  |
| **Or** |  |
| Weekend worker only. A Password will be sent to the Health Board who will communicate it with you. |  |