**Community Pharmacy NHS Seasonal Flu Campaign 2025 - 2026**

**Eligibility Criteria Confirmation and Service Provision Agreement**

**PLEASE COMPLETE THIS FORM AND RETURN BY EMAIL ASAP and**

**NO LATER THAN FRIDAY 22nd AUGUST 2025**

|  |  |
| --- | --- |
| **CRITERION** | **Response – Enter YES or NO (see below\*\*)** |
| 1. Appropriate staff will have completed the relevant training (including anaphylaxis) required to participate in the flu service by 15/09/2025 |  |
|  |  |
| 1. There is a designated safe and private area within the pharmacy suitable for flu immunisation clinics |  |
|  |  |
| 1. All pharmacists / pharmacy technicians providing the service have or will have signed the relevant PGD’s before commencing service. |  |
|  |  |
| 1. I/we meet all the stipulated criteria above and wish to register my interest in participating in the Community Pharmacy NHS Seasonal Flu Campaign 2025/2026 |  |

**\*\*** An inability to answer ‘Yes’ to any of the stipulated criteria may not exclude you automatically from providing this service. Please contact Kirstie Church – [kirstie.church@aapct.scot.nhs.uk](mailto:kirstie.church@aapct.scot.nhs.uk) or 01292 513831 to discuss your particular issue.

Please complete the name and email address of all pharmacists who will be vaccinating on the next page:-

I / we undertake to provide this service in accordance with the requirements of the service specification, a copy of which is in our possession.

|  |  |
| --- | --- |
| **Name of Pharmacist completing this form** | **Pharmacy Contractor Code** |
| **Signature on behalf of Pharmacy** | **Address of Pharmacy** |

**Pharmacist Email Details:-**

Please list below the names of all pharmacists and pharmacy technicians, including locums and relief pharmacists who will be delivering vaccinations to ensure they are authorised to use the vaccine management tool system. **The email provided needs to be a personal one that is linked to their TURAS account (not a clinical mailbox or shared account).**

|  |  |  |
| --- | --- | --- |
| **Name of Pharmacist / Technician** | **Regular, Relief, Locum** | **Email Address** |
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**PLEASE NOW SAVE AND E-MAIL TO:** [**ClinicalPCT@aapct.scot.nhs.uk**](mailto:ClinicalPCT@aapct.scot.nhs.uk)