**Pharmacy Care Record (PCR) user creation request form**

**PLEASE COMPLETE IN BLOCK CAPITAL LETTERS USING BLACK INK**

|  |  |
| --- | --- |
| NHS Board Name: | NHS Ayrshire & Arran |
| Return form to: | **aa.digitalservicescommunityfacilitators@aacpt.scot.nhs.uk** |

**To be completed by the Pharmacist or Registered Pharmacy Technician applying for a PCR account**

|  |  |
| --- | --- |
| **PHARMACIST** GPhC Registration No: (will be PCR user ID)  |   |
| **REGISTERED TECHNICIAN** GPhC Registration No: (will be PCR user ID)  |  |
| Given Name (First Name):  |   |
| Family Name (Surname):  |   |
| Email address: |  |
| Contact phone No: |  |
| ***Please indicate if only work at weekends*** | Yes | □ | No | □ |

|  |
| --- |
| **Please supply your existing pharmacy contact details for password distribution purposes** |
| Contractor No:  |   |
| Name & Address:    |   |
| Contact Phone No:  |   |
| Email Address:  |   |

|  |
| --- |
| **Locum Pharmacist please supply contact details for password distribution purposes**  |
| Address:    |   |
| Contact Phone No:  |   |
| Email Address:  |   |

**Signature of Applicant: ……………………………………… Date: ……………………**