Activation Code Request for Community LearnPro

Details of Individual / Organisation Requesting Data

Surname: _____ Forename: _____

Job Title: PHARMACIST ☐ TECHNICIAN ☐ *Please tick*

GPhC No. _____

Employer: _____

Main Base*
* If you are a Locum, please provide details for your regular base.

Contractor Code: _____

Main Base Address:

Telephone No. _____

NHS Email: _____

Requestor Signature: _____ Date: _____

Please return completed form to:
Community Pharmacy Development Team ggc.cpdevteam@nhs.scot

Independent Contractor Group

A staff group comprising qualified: Community Pharmacists; and
Community Pharmacy Registered Technicians