

**Appendix 1**

**Healthcare Professional Agreement to Supply Medicine(s) Under Patient Group Direction**

|  |  |  |
| --- | --- | --- |
| **I:** |  | (Insert name) |
| **Working within:** |  | e.g. Area, Practice |

Agree to supply the medicine(s) contained within the following Patient Group Direction:

**Patient Group Direction For The Supply Of Medicines Included In The Malaria Prophylaxis PGD Formulary By Approved Healthcare Professionals Working Within NHS Grampian, Highland, Orkney, Shetland, Tayside And Western Isles, Version 2**

I have completed the appropriate training to my professional standards enabling me to supply the medicine(s) under the above direction. I agree not to act beyond my professional competence, nor out with the recommendations of the direction.

|  |  |
| --- | --- |
| **Signed:** |  |
| **Print Name:** |  |
| **Date:** |  |
| **Profession:** |  |
| **Professional Registration number/PIN** |  |