

ACCESS REQUEST FORM (CP-AR1)

Community Pharmacy M365 email, ECS and NoS Care Portal account request

This form should be typed and submitted from the Authoriser's M365 email account to nhsh.cpsoffice@nhs.scot

SECTION A – AUTHORISERS DETAILS:

Line Manager/Authoriser*: <i>*Locums and New Pharmacy Owners/Managers - authorised by NHS Highland Community Pharmacy Business Manager</i>		Pharmacy Contractor Code		Date	

New User (please tick ✓)

(Complete Sections A, B & C)

Move User (please tick ✓)

(Complete Sections A, B & C)

Remove User (please tick ✓)

(Complete Sections A & B only)

Please advise start, move or leaving date:

SECTION B – Email account details

First Name	Surname	GPhC Number	Contact Tel No.
NHS Highland User ID (if known)		Existing M365 email address (if any)	
Community Pharmacy Address Locums leave this section blank as you will be assigned to the NHS Highland Locum group	Pharmacy name:		
	Address:		
	Town:		
	Post Code:		
	Telephone Number		
Access Required. (please tick ✓)			
NHS Email account	<input type="checkbox"/>	NoS Care Portal (Only available to Independent Prescribing Pharmacists)	<input type="checkbox"/>
Pharmacy shared email access	<input type="checkbox"/>	NHSH North	OR NHSH Argyll and Bute
ECS (Emergency Care Summary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Title (please tick ✓)			
Owner	<input type="checkbox"/>	Pharmacist	<input type="checkbox"/>
Dispenser	<input type="checkbox"/>	Pharmacy Technician	<input type="checkbox"/>
Pre - Registration	<input type="checkbox"/>	Independent Prescribing Pharmacist (IPP)	<input type="checkbox"/>
		Other (Specify)	

Access Management will email your account details to the user or Pharmacy Authoriser

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Page 2 of 2 – complete this page for new/move user requests only

SECTION C – Confidential security questionnaire for NEW/MOVING M365 email COMMUNITY PHARMACY ACCOUNTS ONLY

Community Pharmacy Name:	<u>Your First Name</u>	<u>Your Surname</u>
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Please complete the following questionnaire. Answers given need not be accurate, as long as the answer given below matches the response given by the user on the phone when requesting a password change. In any case, the answers given below will be treated as confidential and this form will be shredded and disposed of in the appropriate manner once they are entered on our secure database.

Security Questions

1) What is your mother's maiden name?

2) What is your favourite colour?

3) What is your shoe size?

4) What is your date of birth?

5) What is your place of birth?

6) What was the last school you attended?

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