



**Appendix 1 - Healthcare Professional Agreement to Supply/Administer Medicine(s) Under Patient Group Direction**

**I:** \_\_\_\_\_ (Insert name)

**Working within:** \_\_\_\_\_ e.g. Area, Practice

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

**Patient Group Direction For The Supply And/Or Administration Of Ulipristal Acetate Emergency Contraception (UPA-EC) By Approved Healthcare Professionals Working Within NHS Grampian, Highland, Orkney, Shetland, Tayside And Western Isles, Version 3.0**

I have completed the appropriate training to my professional standards enabling me to supply/administer 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:** \_\_\_\_\_