**PCR User Account Application Form**

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| --- | --- |
| **NHS Board Name:** | **NHS Forth Valley** |
| **Contractor Code of pharmacy where you most often work:** |  |
| **Date:** |  |

|  |  |
| --- | --- |
| **Pharmacist GPhC Registration Number (will be PCR user ID):** | \* |
| **Technician GPhC Registration Number (will be PCR user ID):** | \* |
| **Given Name (First name):** | \* |
| **Family Name (Surname):** | \* |
| **Email address:** | \* |
| **Contact Telephone No:** | \* |

*\* Mandatory field*

The ePharmacy Helpdesk will contact you with password information; please indicate if you work weekdays or only on weekends:

Weekday worker

**OR**

Weekend only worker

**Please e-mail completed form to: *victoria.young@nhs.scot***