**NHS Email Account Request Form - to be completed by Pharmacy Manager**

|  |  |
| --- | --- |
| **Name of Pharmacy** |  |
| **Contractor Code** |  |

**Please print clearly first name, surname and position of staff who you wish to set up with an nhs.scot email account.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Name | Surname | Position/Title | Contact Tel No. | Contractor codes for shared mailboxes that user requires access to: |
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As NHS Borders pays for licenses and these are limited – please add below all the members of staff who have left and no longer require email accounts – without this section completed there may not be enough licenses. Thank you.

|  |  |  |  |
| --- | --- | --- | --- |
| First Name | Surname | Position/Title | Date Left Organisation |
|  |  |  |  |
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I hereby confirm that the above named member(s) of staff requires to be set up with an nhs.scot email account.

I agree to inform NHS Borders of any staff changes in the pharmacy to ensure that account details are kept up to date and only necessary staff have access to the nhs.scot email facility.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return to**: Community Pharmacy Team via email to: communitypharmacy.team@borders.scot.nhs.uk