NHS

Cheshire and Merseyside
Commissioning Support Unit

Community Pharmacy Smartcard Request Form

SECTION 1 AND 2 ARE MANDATORY. COMPLETE SECTIONS 3 AND 4 AS APPLICABLE.

1. YOUR DETAILS

Full Name	
Smartcard Number (if you have a smartcard)	
Job Role	
Email Address	
Telephone Number	
GPhC Registration Number (if applicable)	
Store Name (indicate here if locum)	
Store Address	
Store Post Code	
Store Prescribing/NACS code (F _ _ _ _)	

2. REQUEST TYPE (PLEASE CHECK BOX)

Smartcard Registration	Change of Access	Lost, Stolen Damaged Smartcard	Locked or Expired Smartcard	Other
○	○	○	○	○

IF OTHER PLEASE GIVE DETAILS:	

If more space is needed to add information, please add text to the body of your email

3. CHANGE OF ACCESS (IFAPPLICABLE)

Indicate in 'Other' field if **locum** access is required

		Store Leaving	**Store Joining / Adding**	
Change of Store	Store Name		Store Name	
	Address		Address	
	Postcode		Postcode	
	Prescribing / NACS Code		Prescribing / NACS Code	
Other	Please add details			

4. SMARTCARD REGISTRATION (IFAPPLICABLE)

Details must be as they appear on identification documents

Title*	
First Name*	
Middle Name(s)	
Surname*	
D.O.B.*	
Preferred Full Name (practising name)	
NI Number*	
Occupation*	
Smartcard Access Position (if not known, input job role)	SELECT FROM DROP DOWN LIST
GPHC Registration Number (if applicable)	
Work Email Address	
Work Telephone Number	

**mandatory field*

SUBMIT

If unable to submit using button, save the form and email to ServiceDesk@cmcsu.nhs.uk