

Pharmacy Name		Date	
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**EPS01 (Premises) Short Form - Registration for  
EPS Release 1 applications only**

**Connecting for Health**

**Part 1 (This section to be sent with EPS01 (Premises) Card, signed and returned)**

**Please note:**

All Recipients **must have read and agreed** to the conditions detailed in the **EPS01 (Premises) Short Form Conditions** version 1.1.

**Guidance**

This document is made up of two parts as follows:

- **Part 1** needs to be verified and signed by you, the **Recipient of the EPS01 (Premises) card** who is receiving the EPS01 (Premises) card on behalf of the pharmacy contractor;
- **Part 2** is for completion by the Sponsors and Registration Authority.

The completed form will be retained by the Registration Authority

**Please complete the following details:**

Title (eg Dr, Mr, Mrs etc.):	<b>Leave Blank</b>
First Name:	<b>EPS01 Pharmacy</b>
Middle Name(s):	<b>Leave Blank</b>
Family Name (Surname):	<b>(Name of Pharmacy)</b>
Preferred full Name:	<b>(Format: EPS NACS Code Pharmacy Name)</b>
Pharmacy phone number:	
Pharmacy Email address:	
Organisation Name:	<b>(Name of Pharmacy)</b>
Site Address <sup>1</sup> :	<b>(Pharmacy Address)</b>

**Applicant details and declaration**

By signing this document, I, the **Recipient of the EPS01 (Premises) card** confirm that I have received the EPS01 (Premises) card on behalf of the pharmacy contractor; have read and agree to the terms and conditions stated in the EPS01 (Premises) Short Form Conditions document version 1.1 and that the details specified in Part 1 are correct:

Applicant's signature: \_\_\_\_\_

Name \_\_\_\_\_

Role within Pharmacy \_\_\_\_\_

Date (dd/mm/yy) :

# EPS01 Short Form - Part 2 (This section to be retained by RA)

RA & Sponsor use only

## Role Profile Assignment

Organisation	Job Role	Area of Work <sup>1</sup>
	Pharmacist R1290	

Note in EPS release1, no other profiles may be granted.

### By signing below, I, the Sponsor

Confirm that the details specified in Part 2 are correct and approve the Role Profile Assignment above in relation to this **EPS01 (Premises) card**.

Sponsor's signature: \_\_\_\_\_

RA use only

### By signing below, I, the RA

Confirm that the details specified in Part 1 & Part 2 have been completed correctly

RA Manager/Agent's signature: \_\_\_\_\_

	Sponsor	RA Agent/Manager
Name		
Smartcard UUID		
Date completed		
<i>Issuing RA to complete:</i>	Community Pharmacists:	
Date EPS01 (Premises) Card sent to Pharmacy		
Issued Smartcard UUID number:		
Date Signed EPS01 Short form returned		
Date EPS01 (Premises) Card cancelled – if no form returned		