**Request for Premises Shared NHSmail Address and Linked Personal NHSmail Address as Part of Intention to Provide NHS Urgent Medicines Supply Advanced Service Pilot in January 2017.**

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| **Trading Name of Pharmacy\*** | | | |  | | | | | | **Owner’s Name\*** | | | | |  | | | | | | | | |
| **1st Line of Pharmacy Address\*** | | | | |  | | | | | | | | | | | | | | | | | | |
| **2nd Line of Pharmacy Address** | | | | |  | | | | | | | | | | | | | **Postcode\*** | | |  | | |
| **Town/Village or Area of City that the pharmacy is located in\*(This should be based local knowledge and will appear in the premises shared NHSmail address)** | | | | | | | | | | |  | | | | | | | | | | | | |
| **ODS Code\*** |  | | **Pharmacy Phone No\*.** | | |  | | | **Pharmacy email address\*** | | | | | | |  | | | | | | |
| **I intend to register this pharmacy to provide the NHS Urgent Medicines Supply Advanced Service Pilot in January 2017 and request an NHSmail address for the above premises** | | | | | | | **Please tick below to confirm\*** | | | | | **I confirm that the staff listed below require access to the premises shared NHSmail mailbox. Where they already have a working NHSmail address I have provided details** | | | | | | | **Please tick below to confirm\*** | | | | |
| **Name of staff member requiring access to premises NHS mail address (First name and surname) (Note minimum of 2 staff required)** | | | | | | | **Current NHSmail address (if this person has a working NHSmail address)\*** | | | | | | **IF YES. Current name of organisation that sponsor the NHSmail account(i.e. the organisation that issued or maintains it)\*** | | | | | | **An email address specific to the staff member if no personal NHSmail address in use\*** | | | | |
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| **Name of person1 who will be the Administration Officer of the shared NHS mailbox\*** | | | | | | | | | | | |  | | | | | | | | | | | |
| **I confirm that this pharmacy is meeting its requirements of the terms of service in relation to an Information Governance programme.** | | | | | | | | | | | | | | **Please tick to confirm\*** | | | | | | | | | |
| **Name of person completing form\*** | |  | | | | | **Job role\*** |  | | | | | | | | | **Date Submitted** | | |  | |

**\*Note these are mandatory fields. Failure to complete will lead to the form being returned.**

1The administration officer will have overall responsibility for the governance of the shared mailbox, including being able to link or delete NHSmail accounts to the shared mailbox, unlocking mailbox accounts and resetting passwords. Branches of multiples should check with Head Office who this should be.

NHS England local team email address to submit to: [england.pharmacyandoptometry@nhs.net](mailto:england.pharmacyandoptometry@nhs.net)

Please note it will take up to 7 days before you are allocated the requested addresses. Once the emails have been allocated, pharmacies will still need to register to provide the service on the NHS BSA website at [www.nhsbsa.nhs.uk/UMS](http://www.nhsbsa.nhs.uk/UMS)