

**2. Signature Sheet**

- 2.1 This document constitutes the agreement between the pharmacy and the South Tyneside Council with regard to the **Service Specification for Seasonal Flu Immunisation Programme under a Private Patient Group Direction.**
- 2.2 By signing up to this Specification, you are agreeing that you fully comply with the Terms of Service as outlined in the NHS Pharmaceutical Services Regulations 2013 and agree to comply with the full terms and conditions as outlined in this Service Level Agreement.
- 2.3 Failure to comply with the full terms and conditions as outlined in this Service Specification may result in suspension of the scheme. Before any suspension the provider and commissioner will discuss the reason for the suspension to identify a possible resolution.

**NAME AND ADDRESS OF PHARMACY:**

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 .....

**Names of Pharmacists undertaking the service**

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 .....

**Signature on behalf of the Pharmacist:**

Signature	Name	Date

Please return completed SLA to [wendy.surtees@southtyneside.gov.uk](mailto:wendy.surtees@southtyneside.gov.uk)