

Annex A1

Notification of Newly Qualified Nurse Prescriber

Change in Circumstances

Use this form to advise details relating to Community NHS Trust Nurse Prescribers.

Use only one form per nurse.

Email to : prescribing.management@wales.nhs.uk

FROM: NHS Trust

PLEASE TICK	TYPE OF CHANGE	NOTES ON COMPLETION
	Newly qualified nurse prescriber	Please complete sections A and B and Part C1
	Nurse working for additional Trust	Please complete part A1 and A2, Section B and Part C1
	Nurse's employment ends at specified unit	Please complete, as a minimum, parts A1, A2, B1, B2 and C2
	Change of Surname	Please complete sections A and B
	Nurse details to be removed from all current organisations	Please complete, as a minimum, parts A1, A2 and C2

EFFECTIVE DATE OF THE CHANGE (TO BE COMPLETED IN ALL CASES):

SECTION A: Nurse prescriber details

Ref	Description	Details
1	Nurse UKCC PIN Number	
2	Nurse Name and Initials	
3	Title (e.g. Mr/Mrs/Miss/Ms/ Sister, etc)	
4	Qualification (i.e. District Nurse or Health Visitor)	
5	Nurse prescribing training examination pass date	

SECTION B: NHS Trust details

Ref	Description	Details
1	NHS Trust contract code	
2	NHS Trust name	
3	NHS Trust address (centre from where nurse works)	

SECTION C: Details of the nurse prescriber in the NHS Trust

Ref	Description	Details
1	Start date in NHS Trust	
2	End date in NHS Trust	

Signature: NHS Trust employee providing information

Name: NHS Trust employee providing

information