eSchedule – System Access Request Form

Applicant Information

This request form should be completed by the owner of the pharmacy. If you are not the owner, please obtain authorisation before returning this form. Failure to do so will delay your application. Please complete one form per applicant.

Surname:		
First Name		**Phone:**
Pharmacy Address:		
Town:	**County:**	**Postal Code:**
E-mail:		
Position Held in Pharmacy:		

Pharmacy Information

Prescribing Services Account Number: 60_ _ _ _ _ **or** I require access to a chain or group of pharmacies ☐

(please list the pharmacies on the form overleaf)

Declaration

Surname:	**First Name:**

Please provide me with the details required to access my Schedule of Payments (known as eSchedule) on the Prescribing Services website. **I acknowledge that paper statements will cease once access has been granted.**

Signature of Applicant:	Date:

Authorisation

I authorise this request for access to eSchedule. I declare that my position in the pharmacy / company /organisation entitles me to grant access to the financial and patient identifiable information provided by eSchedule.

Name (block capitals):	
Position:	
Signature:	**Date:**

Please email the completed form to prescribing.management@wales.nhs.uk or return by post to Prescribing Management using the address below.

Primary Care Services Use Only	
Request Approved	Yes / No
User Name	
Password	
Notified Date	
Administrator Name:	

Partneriaeth Cydwasanaethau GIG Cymru
Gwasanaethau Gofal Sylfaenol,
Pedwerydd Llawr
Tŷ'r Cwmnïau
Ffordd y Goron
Caerdydd CF14 3UB
Ffon: 029 21500444

NHS Wales Shared Services Partnership,
Primary Care Services,
3rd Floor
Companies House
Crown Way
Cardiff
CF14 3UB
Telephone: 029 21500444

GIG CYMRU NHS WALES
Partneriaeth Cydwasanaethau
Gwasanaethau Gofal Sylfaenol
Shared Services Partnership
Primary Care Services

Request for access to Pharmacy Chain or Group of Pharmacies

Please complete **one** of the sections below: -

1. I require access to all pharmacy accounts in the _____chain or group.
   (name of company)

   Or..

2. Please list the accounts that you wish to access: -

Account Number **(begins 60..)**	**Location**