

[^{F1}SCHEDULE 2

Regulations 5(2) and (11) and 8(3) and
Schedule 1, paragraph 6

Textual Amendments

F1 Sch. 2 substituted (1.4.2011) by [The National Health Service \(Pharmaceutical Services\) \(Scotland\) Amendment Regulations 2011 \(S.S.I. 2011/32\)](#), regs. 1, 7 (with reg. 10)

Commencement Information

II Sch. 2 in force at 1.7.2009, see [reg. 1](#)

FORM A (1)	<i>Application for inclusion in the pharmaceutical list to provide pharmaceutical services – relocation or new application.</i>	Regulation 5(2)
FORM A (2)	<i>Application for inclusion in the pharmaceutical list to provide pharmaceutical services – change of provider.</i>	Regulation 5(2)
FORM B	<i>Notification of information not given on form A1/A2.</i>	Regulation 8(4)
FORM C	<i>Notification of date of entry on pharmaceutical list.</i>	Regulation 5(11)
FORM D	<i>Notification of date of inclusion in provisional pharmaceutical list.</i>	Regulation 8(3)
	<i>Form of notice to be exhibited at premises from which pharmaceutical services are provided.</i>	Schedule 1 paragraph 6]

Textual Amendments

F2 Sch. 2 Form A(1) substituted (28.6.2014) by [The National Health Service \(Pharmaceutical Services\) \(Scotland\) \(Miscellaneous Amendments\) Regulations 2014 \(S.S.I. 2014/148\)](#), regs. 1(1), 7, [sch.](#) (with reg. 14)

Changes to legislation: There are currently no known outstanding effects for the The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, SCHEDULE 2. (See end of Document for details)

FORM A (1)

Regulation 5(2)

**Application for Inclusion in the Pharmaceutical List to Provide
Pharmaceutical Services – Relocation or New Application**

(Please delete words/sections which do not apply)

TO HEALTH BOARD

1. Applicant’s details

I am/we are applying as an Individual/ a Pharmacist/ a Corporate Body. (* If applying as Corporate Body please also provide Superintendent Pharmacist details below)

I/We (name of person making application)

of (correspondence address and name of company if relevant)

apply to have my/our name(s) included in the pharmaceutical list. The application is in respect of:

- (a) the relocation of the premises from which I/we provide pharmaceutical services specified in Part 4. (Please complete Parts 2, 3, 4 (a) or (b) and sign and date the application at 5).
- (b) the opening of new premises for the provision of pharmaceutical services specified in Part 4. (Please complete Parts 2, 4 (b) and sign and date the application at 5).

* Superintendent Pharmacist is

2. Premises details

(a) The premises from which I/we propose to provide pharmaceutical services are/will be at—

(b) the premises from which it is proposed to provide pharmaceutical services are—

- (i) already constructed Yes No

(ii) already in our

** (iii) registered

If the answer to (iii)

If the answer to (iii)

*** (c) If applicable

Name

GPhC Registration

If the application is under Part 4(b)

3. Relocation Details

(a) To be completed if applying under Part 4(a)

(i) the premises in which pharmaceutical services are at—

(ii) the relocation

If the relocation applies to Part 4(a). If relocation is one which is provided, and other pharmaceutical services

(iii) **To be completed if relocation is one which is provided, and other pharmaceutical services**

Changes to legislation: There are currently no known outstanding effects for the The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, SCHEDULE 2. (See end of Document for details)

FORM A (2)

Regulation 5(2)

Application for Inclusion in the Pharmaceutical List to Provide Pharmaceutical Services – Change of Provider

(Please delete words/sections which do not apply)

TO HEALTH BOARD

1. Applicant's details

I am/we are applying as an Individual/ a Pharmacist/ a Corporate Body. (*If applying as Corporate Body please also provide Superintendent Pharmacist details below)

I/We (name of person making application)

of (correspondence address and name of company if relevant)

apply to have my/our name(s) included in the pharmaceutical list. The application is in respect of the provision of services from premises from which the pharmaceutical services specified in Part 4 below are already provided (complete Parts 2, 3, 4 and 5 and sign and date the application at 6.

*Our Superintendent Pharmacist is

2. Premises details

(a) The premises from which I/we propose to provide pharmaceutical services are at—

(b) **if applicable the Responsible Pharmacist at the said premises will be—

Name

GPhC Registration No.

3. Date commencing

I/We undertake to provide services from (date)

and it is proposed that the Board's Hours of Service be—

4. Services to be provided

I/We propose to continue to provide services in accordance with the Board in accordance with—

5. Application Details

(a) The name of the person making the application is—

Changes to legislation: There are currently no known outstanding effects for the The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, SCHEDULE 2. (See end of Document for details)

FORM B

Regulation 8(4)

Notification of Information Not Given on Form A1/A2

(Please delete words/sections which do not apply)

TO HEALTH BOARD

1. I/We (name of person making application)

Of (correspondence address and name of company if relevant)

to be included in the pharmaceutical list to provide pharmaceutical services from premises as specified in Form A (1) or (2).

2. The premises are now—

(i) constructed Yes No

(ii) leased/conveyed to me/us and I/we took possession of them on

(iii) registered by the General Pharmaceutical Council in my/our name with effect from

(iv) The reference number is

3. *If applicable, the Responsible Pharmacist at the said premises will be—

Name

GPhC Registration No.

4. I/We undertake to provide the services as detailed in Form A 1/A 2 and undertake to provide such of these services as may be approved by the Board in accordance with the terms of service for the time being in operation.

Signed

Print Name

Date

NOTES:

(1) Where all the information is submitted with all the

(2) *Responsible Pharmacist provided.

(3) Payment cannot be made on pharmaceutical list

FORM C

Regulation 5(11)

NOTIFICATION OF DATE OF ENTRY ON PHARMACEUTICAL LIST

To [applicant(s)]

Your name(s) and premises (Insert Details)

have been included in the Board's pharmaceutical list, to provide the following pharmaceutical services

from (insert date)

Signed

Date

On behalf of Health Board

Changes to legislation: There are currently no known outstanding effects for the The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, SCHEDULE 2. (See end of Document for details)

FORM D

Regulation 8(3)

Notification of Date of Inclusion in Provisional Pharmaceutical List

To [applicant(s)]

I acknowledge receipt of Form A (1)/A(2) applying for your name to be included in the pharmaceutical list to provide the following services

from (provisional date)

Entry of your name in the pharmaceutical list cannot be confirmed until you have submitted Form B as respects the matters in relation to which you were unable to make affirmative statements in paragraphs 2(b) of Form A(1) or, as the case may be, unable to complete 2(b) of Form A(2).

The information required is

(a) Dispenser of medicines

(b) Supplier of appliances

Delete (a) or (b) as not applicable

Signed

Date

On behalf of Health Board

NOTE:—

Provisional entry in the list does not entitle you to dispense medicines or appliances from the premises nor to receive payment for the provision of pharmaceutical services under the NHS.

Changes to legislation:

There are currently no known outstanding effects for the The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, SCHEDULE 2.