

FORM A
for use by pharmacists
application for inclusion in the pharmaceutical list** (See Note 1)

20 MAY 2010

TO THEGRAMPIAN NHS.....HEALTH BOARD

1. I/WeUnicare Pharmacy Ltd.....

of1st Floor, 69 Smithybridge, Road, Rochdale, OL15 0DY.....

apply to have my/our name(s) included in the pharmaceutical list for the provision of the pharmaceutical services specified in paragraph 4 below: the application is in respect of-

(a) the provision of services ~~from premises from which the pharmaceutical services specified in paragraph 4 below are already provided~~ (complete paragraphs 2, 3, 4 and 5(a) and sign the application);

(b) the relocation of the premises from which I/we provide pharmaceutical services (complete paragraphs 2, 3, 4 and 5(b) and sign the application);

(c) the opening of premises for the provision of pharmaceutical services specified in paragraph 4 below (complete paragraphs 2, 3, 4 and 5(c) and sign the application);

(d) the provision of pharmaceutical services other than those already listed from currently listed premises (complete paragraphs 2, 3, 4, 5(c) and 5(d) and sign the application).

2.

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

.....33-35 High Street, Laurencekirk, AB30 1AA.....

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

(i) already constructed YES/NO

(ii) already in our possession (through lease or ownership) YES/NO

(iii) registered by the Royal Pharmaceutical Society of Great Britain in my/our name(s) YES/NO

If the answer to (ii) is no, submit such further information as will indicate that the applicant intends to commence business from the premisescurrently negotiating

If the answer to (iii) is yes, state reference number

If the answer to (iii) is no, give date of application for registration
.....once premises are finalised.....

(c) the pharmacist in charge at the said premises will be-

NameAnser Iqbal.....

Registration No.1068436.....

3. I/We undertake to provide the pharmaceutical services specified below from the said premises from (date) within 6 months of granting application.....

and it is proposed that the premises will be open during the following hours ..
Monday – Friday 9am -1pm 2.00pm -6pm.....

4. I/We propose to provide the following pharmaceutical services, and undertake to provide such of these services as may be approved by the Board in accordance with the terms of service for pharmacists for the time being in operation:–

Dispensing of medicines, and supplying of drugs and of listed appliances as specified in the Drug Tariff

Supplying a domiciliary oxygen therapy service. YES/NO

5. (a) to be completed only by persons applying under paragraph (1)(a) above who are proposing to provide services at premises from which such services are already provided)
(i) the name of the person who is currently providing services from the premises named in paragraph 2(a) above is–

.....
.....

(ii) there will be no change in the pharmaceutical services provided and those services from the said premises will be continuous/interrupted for the period of (state period)–

.....

(b) (to be completed only by persons whose names are included in the pharmaceutical list applying under paragraph 1(b) above)

(i) the premises in the Board's area from which I am/we are providing pharmaceutical services are at–

.....
.....

(ii) the relocation is for the following reasons:–

.....
.....

(iii) (To be completed only if the applicant considers relocation to be minor. A minor relocation is one where there will be no significant change in the neighbourhood population served, and other circumstances are such that there will be no appreciable effect on the NHS pharmaceutical services provided by the applicant or any other person on the board's list.)

I/We consider the relocation to be minor for the following reasons:–

.....
.....

(iv) there will be no change in the pharmaceutical services provided and the provision of services by me/us will be continuous/interrupted for the period of (state period)

(c) (to be completed only by persons applying under paragraph 1(c) or

(d) above)

In my/our view the provision of the pharmaceutical services specified above at the premises named in paragraph 2(a) above is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood of the said premises for the following reasons:—

There is currently a lack of pharmaceutical services in Laurencekirk.....

(d) (to be completed only by persons proposing to provide other pharmaceutical services from premises from which some pharmaceutical services are already provided by them)

(i) my/our NHS services shall be those pharmaceutical services granted in respect of this application

(ii) the other pharmaceutical services proposed for provision are (specify)—

.....
.....

Signed..... *Amir Iqbal*

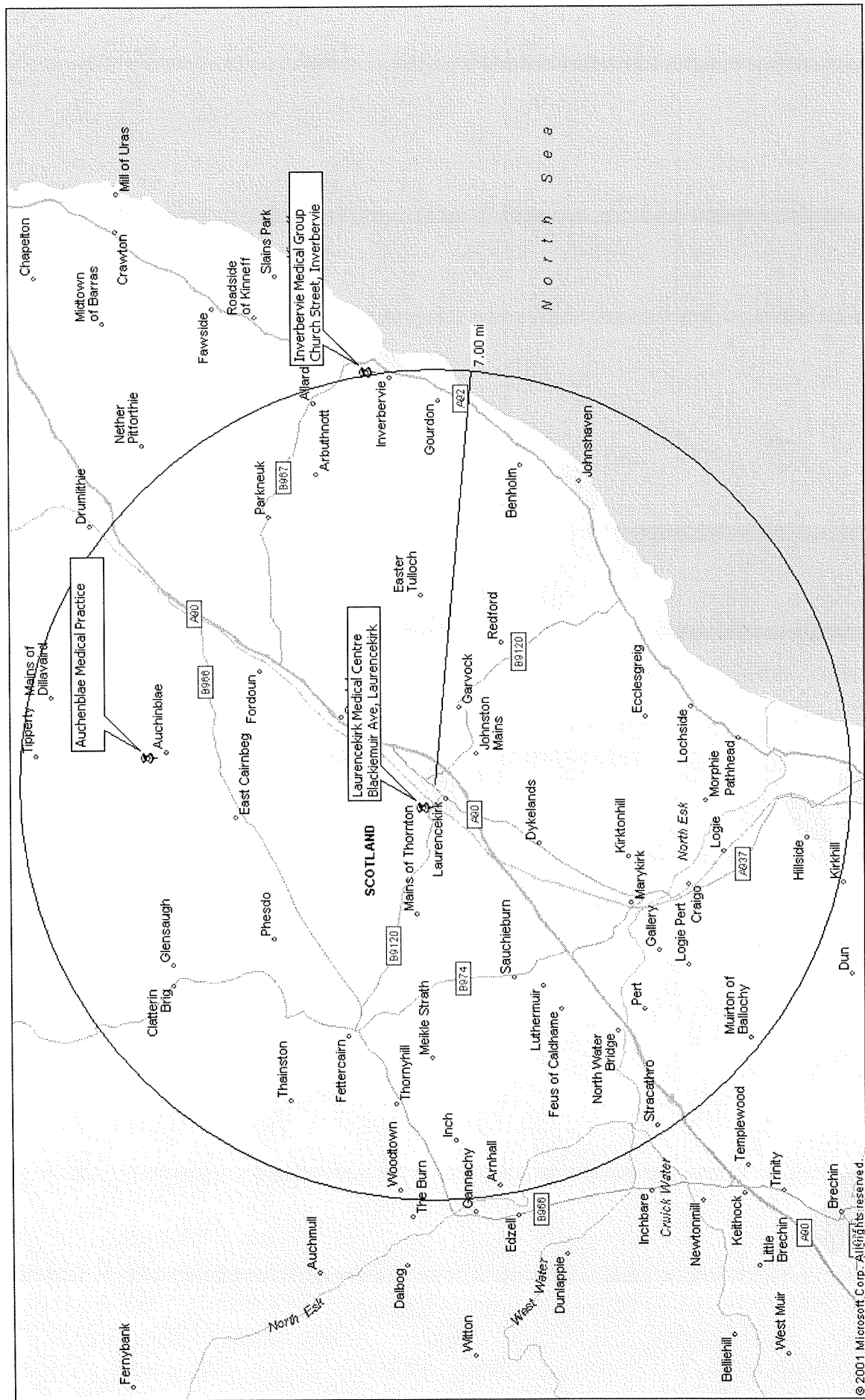
Date *17/01/10* Delete the sections or words which do not apply.

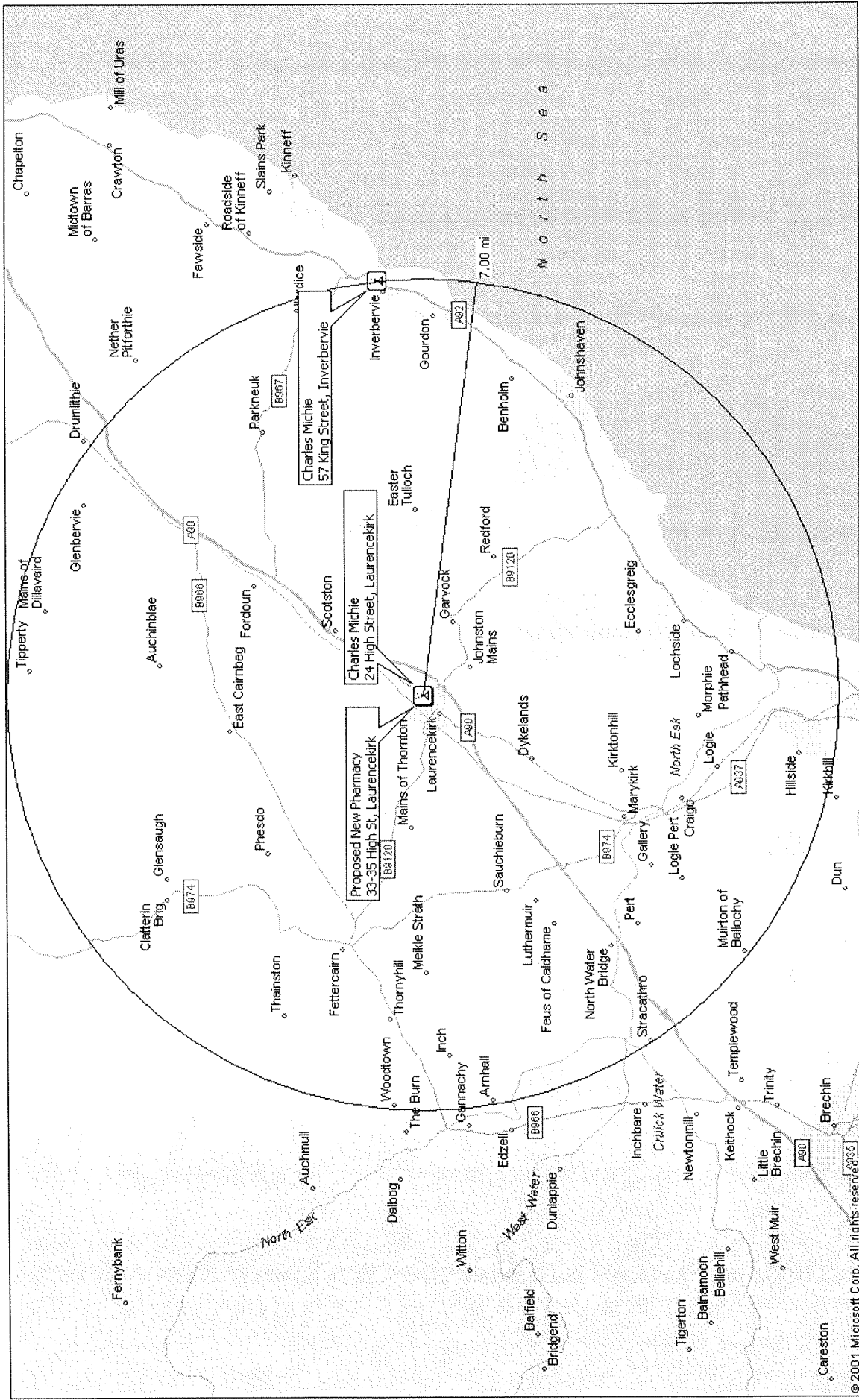
NOTES:

(1) An application on Form A will be required by any person already included in the pharmaceutical list who wishes to undertake to supply pharmaceutical services from additional or alternative premises or to vary the pharmaceutical services provided from currently listed premises. The alternative Form A is for use by persons other than pharmacists.

(2) Please note that medicines cannot be dispensed from the premises until they are registered by the Royal Pharmaceutical Society of Great Britain under the Medicines Act 1968. Although an application to be included in the pharmaceutical list (Form A) can be considered in advance of such registration, registration details and any other information required but not given on this Form must subsequently be provided on Form B before inclusion in the list is confirmed.

(3) Payment cannot be made for NHS services provided before the date of entry in the pharmaceutical list recorded in Form C as issued by the Board.





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Laurencekirk Pharmacies Map