



GIG
CYMRU
NHS
WALES

Service Provider listing form for an enhanced service

Help Me Quit @ Pharmacy

Application form which is to be submitted to NWSSP by an individual requesting approval to provide the above Enhanced Service

To be completed by the person requesting to be listed

LHB in which the individual predominantly intends to provide the service: *(tick only one)*

- Aneurin Bevan University Health Board
- Betsi Cadwaladr University Health Board
- Cardiff and Vale University Health Board
- Cwm Taf Morgannwg University Health Board
- Hywel Dda University Health Board
- Powys Teaching Health Board
- Swansea Bay University Health Board

Name of Service Provider	
Correspondence address	
Postcode	
Contact telephone number	
e-mail address <small>(for NHS SSP use only)</small>	
Date of application	

Certifications, Agreements and Declarations (please tick to confirm)

- I have completed the Generic Skills modules on the National Enhanced Services Accreditation portal
- I have completed the Stop Smoking module on the National Enhanced Services Accreditation portal
- I have completed training as a medicines counter assistant, meeting the requirements of the General Pharmaceutical Council, and enclose my certificate
- I agree to NWSSP undertaking an enhanced Disclosure and Barring Service (DBS) check or have already completed a Disclosure and Barring Service (DBS) check with NWSSP
- I agree to the details included in this form being included in a list of individuals approved to provide the service and that the NWSSP may disclose my accreditation status to pharmacy contractors by whom I am employed
- I agree to provide the service in accordance with the service specification
- I shall notify the Medical Director of the relevant LHB of any significant adverse incident which arises due to or related to provision of this service

Declaration

I declare that the information on this form and any evidence provided is correct and I seek acceptance as a provider of this Enhanced Service.

Applicant Signature:	Date:
Name (Printed)	

Please submit this form to NHS Wales Shared Services Partnership at:

*PCGIGC, Gwasanaethau Gofal Sylfaenol
Llawr 3, Ty Matrix
Boulevard Y Gogledd
Parc Matrix, Parc Menter Abertawe
Abertawe, SA6 8BX*

*NWSSP, Primary Care Services
Floor 3, Matrix House
Northern Boulevard
Matrix Park, Swansea Enterprise Park
Swansea, SA6 8BX*

E-mail: nwssp-primarycareservices@wales.nhs.uk

For Office Use Only

Application Checked by	Date:
Authorised: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Reason if not authorised:	