Community Pharmacy Wales
Fferylliaeth Gymunedol Cymru

Collaborative Working – Attendance at Collaborative Meeting Report

Date ___/___/ _____ Time of meeting _____

Venue: _____

Name	Place of Work/Affiliation

Name of Staff member completing visit:_____

GPhC number (if Pharmacist/Pharmacy Technician): _____

The main discussions points in the meeting were as listed:
(continued on a separate page if required)

Actions agreed

Action	By who	By when	Update on actions (with date)

Other Comments:

A copy of this report should be kept in the pharmacy for inspection by the LHB
(this can be in an electronic format)