

Partner Prescribing Registration Form (Reg02)



You aren't a prescriber, but you work closely with one and want to benefit from the amazing efficiencies that DigitRx provide. This form is for you.



"Updating your personal details"

(Please Use Block Capitals)

Account Name/Clinic:

***Account Number:**
(No account with us yet? Please go to www.churchpharmacy.co.uk to register)

***Your First Name:**

***Your Surname:**

***Your DOB:**

Your Profession:

Your Professional Registration Number (if applicable):

***Your Personal Email Address:**

***Your Personal Mobile Number:**

Your Clinic Name:

Your Home Address:

Your Work Address:

Your Clinic Phone Number:

Your Clinic Email:

***Details of the prescriber you are working with:**

Prescriber's First Name:

Prescriber's Surname:

Prescriber's Church Pharmacy Account Number:

***Prescriber's Profession**

Doctor

Nurse Independent Prescriber

Dentist

Other Profession

Prescriber's Professional Registration Number

GMC:

NMC:

GDC:

Reg. No.:

Declaration: By submitting this document, I hereby confirm that all information is true and correct. If any of my details change, I understand that it is my responsibility to inform Church Pharmacy. I hereby agree to all DigitRx and Church Pharmacy's terms and conditions. Terms and conditions available upon request. I confirm that I will be receiving the prescribed products in the care of the prescribing partner practitioner who I am working alongside and the prescriber will have completed a face-to-face consultation with the patient where medical aesthetic injectable products are included.

The prescriber will be contacted separately by our verification team. We reserve the right to withdraw your Church Pharmacy account and/or your Partner Prescribing registration.

Please sign in the box below to verify that you agree with the terms and conditions as set out in this agreement which can be found in full on our website.

Please note that the prescriber you are working with **must not** disclose their PIN number with you. Only the prescriber is authorised to sign your prescriptions. Further information available.

***Sign:**

Please sign within the lines of the box

***Date:**

***Please print your full name:**

Please include the following identification to help us authenticate your details on our system:

- A copy of a photo I.D. (for example a Photo section of your Passport)
 - A copy of a utility bill, no older than 3 months, which shows your current home address (A utility bill must be under your name)
 - A copy of personal mobile phone bill, no older than 6 months, which shows your current name and home address
- Please note we hold documents for auditing purposes. (Please see behind for guidance of acceptable documents)

How did you hear about partner prescribing on DigitRx?

If you've been recommended by a friend, please write their name here:



We are confident that we can provide you with the amazing efficiency of DigitRx

Reg01/Reg02 Authentication Documentation Guidelines

Please see below the list of accepted registration documentation.

We require a total of 3 documents; one from each list below.

1. Photo Identity Documents:

We require at least 1 of the following **in date** with photograph:

- Passport Photo and Signature Page Copy
- National Identity Card / Residence Permit

2. Proof of Address / Utility Documents (Home Address):

We require at least 1 of the following issued within **3 months** of application submission and it must state your current name and home address

- Water Bill
- Electricity Bill
- Gas Bill
- Bank Statement (financial information can be masked)
- Home Landline Telephone Bill
- Council Tax Bill
- HMRC Correspondence Letter
- TV License

3. Personal Mobile Phone Bill (Mandatory)

This bill must be dated within 6 months of the application submission and state your current name and address on it

These criteria are for completing both the Reg01 or Reg02 forms.