***Eastbourne, Hailsham and Seaford CCG  
Hastings and Rother CCG***

**Shared Learning Self-Care and OTC**

**Booking Form for Community Pharmacies**

**Maximum of 20 places per venue, first come first served**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date:** | **Venue:** | | | |
|  |  | | | |
| **Full Name:** | | | **Job Role** (please tick or state)**:** | |
|  | | | Pharmacist  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **E-mail address:** | | | | |
|  | | | | |
| **Pharmacy Name:** | |  | | |
| **Pharmacy Address:** | |  | | |
| **Pharmacy Postcode:** | |  | | |
| **Telephone contact:** | |  | | |
| **Type of Pharmacy:** | | **HLP 2  HLP1** | | |
|  | | | | |
| **Signed by Applicant:** | | | | **Date:** |
| (printed named accepted if sent by e-mail) | | | |  |

**Please send completed forms to:** Karen Becker, Medicines Management Support, Bexhill Hospital, Hollier’s Hill, Bexhill on Sea, TN40 2DZ, Fax: 01424 735601 or e-mail to: [karen.becker@nhs.net](mailto:karen.becker@nhs.net)

Any problems please call on 01424 735633