***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

Any problems please call on 01424 735633