#

# Smoking Cessation Service

# Sign Up Sheet – Community Pharmacy

Section 1 – Organisation & contact details

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| --- |
| Full Name and Address of Pharmacy: |
| Provider Code: | Contact Tel No: |
| Contact email: |

Section 2 – Services

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Would like to provide (Training undertaken within last 12 months)  | Would like to provide (Refresher training required) | Would like to provide (New Advisor – full training required) | Do not want to provide |
| Smoking Cessation Service |  |  |  |  |
| NRT Voucher Scheme |  |  |  |  |
| Provision of Varenicline |  |  |  |  |

Section 3 – Agreement

On behalf of the pharmacy, I confirm that:

* The pharmacy can offer the services identified in Section 2, in line with the Council’s specifications for these services;

|  |  |
| --- | --- |
| Name: |  |
| Position: |  |
| Signature: |  |
| Date: |  |