HSE REF NO

Community Pharmacy Agreement 2025
Common Conditions Service (CCS) Opt-in Form

I …… (Pharmacy Contractor) GMS/PCRS Number……

as a Registered Pharmacy Contractor holding a HSE Contract and having signed up to the Community Pharmacy Agreement 2025, hereby confirm my participation in the Common Conditions Service (CCS). I agree to comply with the requirements outlined in the Community Pharmacy Agreement 2025 and to commence participation in the service no later than 31 March 2026.

I further undertake to notify the HSE of any changes or proposed changes in respect of any information provided in this Opt-in form.

I confirm that I have updated the *Pharmacy Service Listing Request Form* indicating a date for my details to go live (as 19th January 2026, 23rd February 2026 or 31st March 2026). I understand that the information will be published on a Pharmacy Finder Tool on the HSE Website in due course, to allow members of the public to identify participating Pharmacies.

I would like to express interest in my Pharmacy participating in Data Collection for evaluation of the CCS.

Yes ☐ **No** ☐

A once-off allowance of €2000 to facilitate the establishment of the Common Condition Service will be paid to each community pharmacy contractor who submits their CCS Opt-In Form and updates their details on the *Pharmacy Service Listing Request Form* **prior to 1st December 2025,** and who commits to **commencing the service no later than 31st March 2026**.

Signed by the Pharmacy Contractor:

_____

Printed Name:

_____

Date:

_____

Registered Pharmacy Stamp

REGISTERED PHARMACY CONTRACTOR DETAILS										
1.	**Pharmacy Name (Full Name)** (as it appears on the PSI Register)									
2.	Pharmacy Address									
3.	Retail Pharmacy Business PSI Registration Number									
4.	Pharmacy Eircode									
5.	GMS /PCRS assigned Number									
6.	Pharmacy Telephone Number									
7.	Pharmacy Email Address									