**Community Pharmacy Agreement 2025**

**HSE REF NO**

**Notice of Participation Form**

Pursuant to the Community Pharmacy Agreement 2025, the Department of Health, the Health Service Executive (HSE), and the Irish Pharmacy Union (IPU) have agreed a range of fee adjustments to address public healthcare requirements, improve accessibility to existing provisions, and facilitate the modernisation and reform of service delivery.

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

as a Registered Pharmacy Contractor with a HSE Contract, hereby confirms my participation in the provision of services in accordance with the terms of the Community Pharmacy Agreement 2025 as listed within.

I further undertake to notify the HSE of any changes or proposed changes in respect of any information provided in this Community Pharmacy Agreement 2025 Notice of Participation form.

**Registered Pharmacy Stamp**

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| **Signed by the Pharmacy Contractor:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Printed Name:** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date:** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **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 | Practice Telephone Number |  |
| 7 | Healthmail Email |  |
| 8 | Pharmacy Email Address |  |