

Pharmacy Application Form – 2013/2014 Seasonal Flu Vaccine

I wish to apply to provide a vaccination service on behalf of the HSE for the 2013/2014 Seasonal Flu Campaign.

Name of Pharmacy Contractor: _____

Address of Pharmacy Contractor: _____

GMS No. of Pharmacy Contractor: _____

I/We can confirm the following:

- | | Y/N |
|--|--------------------------|
| 1. The pharmacist professional staff administering the vaccine have completed or will have completed the requisite programmes of education and training as accredited by the PSI prior to providing the vaccination service. | <input type="checkbox"/> |
| 2. The premises where the vaccination service will be provided is deemed satisfactory for the purpose by the PSI. | <input type="checkbox"/> |
| 3. The pharmacy contractor holds professional indemnity cover to encompass this extended service which I/We will be providing under the provisions of the Pharmacy Contractor Agreement that I/We hold with the HSE. | <input type="checkbox"/> |
| 4. I/We will transmit the public health requirements of the HSE electronically in the form set out by the HSE. | <input type="checkbox"/> |
| 5. I/We will comply with all relevant HSE policies and procedures in the administration of the Seasonal Flu Vaccine. | <input type="checkbox"/> |

Pharmacy Contractor Signature: _____		Date: _____	
Supervising Pharmacist Signature: _____	Reg No. _____	Date: _____	