



***Request for access to Department of Agriculture, Food National  
Veterinary Prescription System, NVPS user***

**To be completed by the applicant (all fields are mandatory)**

*Please complete section 1 of this form and return by email to [nvps@agriculture.gov.ie](mailto:nvps@agriculture.gov.ie) or by post to NVPS,  
Veterinary Medicines, Dept of Agriculture, Backweston Campus, Celbridge, Co Kildare, W23X3PH*

**Section 1 - Applicant Details**

\*Forename: \_\_\_\_\_

\*Surname: \_\_\_\_\_

\*PPS (Vets only): \_\_\_\_\_

\*Company/Practice Name: \_\_\_\_\_

\*Role in Company/Practice: \_\_\_\_\_

\*Address 1: \_\_\_\_\_

\*Address 2: \_\_\_\_\_

\*Address 3: \_\_\_\_\_

Address 4/Eircode: \_\_\_\_\_

\*Office Mobile Phone No: \_\_\_\_\_

\*Office Phone No: \_\_\_\_\_

\*Email Address: \_\_\_\_\_  
(Of Company/ Practice)

**Role** (Please tick one)

1. Veterinary Practitioner ☐ 2. PVP Office Administrator ☐

3. Dispenser – Licenced Retailer/ Med feed/Fish Operator ☐

4. Dispenser – Pharmacy ☐ 5. Dispenser – Locum Pharmacist ☐

**Please list VCI Number, LM License or Med Feed License No.** \_\_\_\_\_

**For Pharmacists, please list PSI Pharmacy Reg. No.** \_\_\_\_\_

**& Pharmacist Reg. No.** \_\_\_\_\_

*These details are not required for office administrators.*

*\* These are mandatory requirements*

**Applicant's declaration**

*I hereby apply for access to the National Veterinary Prescription System (NVPS).*

*I acknowledge that the data to which I will have access through NVPS is confidential and is covered by the Data Protection Acts 1998 and 2003. I understand that this information is made available to me for the purposes of the Department's reporting on antibiotic usage under the regulation 2019/6 Article 105*

*I undertake to use the information solely for the purposes for which it is intended and not to disclose it to third parties.*

*Please register my details as above.*

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_



**To be completed by the NVPS HEO**

*Please complete section 2 of this form and forward it to the designated Authoriser in the NVPS area*

**Section 2 – Section HEO Approval**

**I \_\_\_\_\_ in NVPS Dept. approve this applicant's request for access to the NVPS system.**

**I CONFIRM THAT THE FORENAME, SURNAME, PPS NUMBER, VET CODE AND ADDRESS SHOWN AGREE WITH THE DETAILS RECORDED ON CCS.**

**NOTE:** Please attach screen prints from CCS to confirm the above details i.e., Customer Details and Business Details screens. Addresses (Customer & Business customer)

**Signed: \_\_\_\_\_ Date: \_\_\_\_\_**

**To be completed by the NVPS Authoriser**

*Please complete section 3 of this form and forward it to the IT Security Unit*

**Section 3 – Role Assignment**

**Please assign the NVPS User or NVPS Office Administrator role to this applicant. (Delete as appropriate)**

**I confirm that NVPS have not received a previous application in this person's name.**

**Signed: \_\_\_\_\_ Date: \_\_\_\_\_**