

SUBSTITUTE PHARMACIST INFORMATION FORM

To ensure the quality and security of services provided, we require detailed information about any substitute pharmacists utilized by our subcontractors. Please complete this form for any substitute you intend to employ/Engage with on your behalf, Once completed, please email to Support@VirtualPharmacist.co.uk.



Subcontractor Details:

Name: _____

Contract Number: _____

Date/s : _____

t: 0113 871 5065

e: Hello@VirtualPharmacist.co.uk

VirtualPharmacist.co.uk

Substitute Pharmacist Details:

1. **Full Name:** _____

2. **Date of birth:** _____

3. **GPHC Number:** _____

(a) **GPHC expiry date:** _____

(b) **GPHC status:** _____

4. **Contact Number:** _____

5. **Email Address:** _____

6. **Proof of ID:** _____

7. **Right to work in UK if applicable:** _____

8. **Professional Qualifications:**

(a) Degree/Qualification: _____

(b) Institution: _____

(c) Year of Graduation: _____

9. **IP or non-IP:** _____

10. **Active NHS email:** _____

11. **Smart card number:** _____

12. **Emis/SystemOne Experience:** _____

13. **C.V:** _____



14. **1: reference:** _____

2: reference: _____

15. **Professional Indemnity Insurance:** (Please note your own indemnity insurance must also cover the substitute)

(a) Insurance Provider: _____

(b) Policy Number: _____

(c) Expiry Date: _____

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16. **Disclosure and Barring Service (DBS) Check:** (Please note an up-to-date version is required)

(a) DBS Check Number: _____

(b) Date of Issue: _____

(c) Any Remarks/Notes: _____

17. Laptop Usage and Security:

It is mandatory that any substitute you appoint to fulfill your duties uses the equipment provided by Virtual Pharmacist, specifically the laptop allocated to you. This requirement is in place to ensure adherence to our strict security protocols and compliance standards.

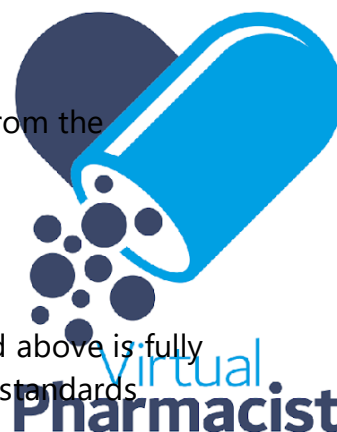
Please be aware that the responsibility for any damages or issues arising from the use of this equipment by your substitute rests solely with you. In the event of damage or loss of the laptop while in the possession of your appointed substitute, you will be held accountable and any costs for repair or replacement will be your responsibility.

This policy is designed to maintain the highest level of data security and patient confidentiality, which are of utmost importance in our operations. It is imperative that you communicate these terms clearly to any substitute you engage and ensure their compliance with our equipment usage policies.

18. Liability & Costs:

As the primary subcontractor, I hereby acknowledge that any and all costs, liabilities, and insurance related to the services provided by the substitute will be solely my responsibility. This includes, but is not limited

to, any damages, mishaps, or professional errors arising from the substitute's actions.



19. Compliance Assurance:

I hereby confirm that the substitute pharmacist mentioned above is fully compliant with all necessary regulations and professional standards required to practice pharmacy.

Signature: _____ Date: _____

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Note:

Virtual Pharmacist reserves the right to request additional checks or information regarding the substitute. We also reserve the right to reject any proposed substitute based on our internal standards and compliance measures.

Please note your substitute would have to be located within the UK to carry out any work on your behalf.

This version of the form ensures that the main contractor assumes full responsibility for any liabilities, costs, or insurance related to the substitute pharmacist. It also states clearly that more checks may be required for virtual pharmacists and that there's a reserved right to reject any proposed substitute.