



Application Form for Healthy Living Pharmacy

NB. Please ensure that the application is completed fully before posting, as failure to do so may result in your application being rejected.

RETURN FORM TO: FREEPOST RSKJ-AKKL-KJGU, Devon Local Pharmaceutical Committee, Deer Park Business Centre, Haldon Hill, Kennford, Exeter EX6 7XX

BY Sunday the 29th January 2012

Pharmacy Name	
Address	
Telephone No/ Fax No.	
Email address	

The HLP Pharmacy Team

	1	2 (if job share)
Who will be HLP Pharmacy Lead(s)?		
Pharmacist(s) Name		
HLP Pharmacy Lead Hours per week at pharmacy named above		
MUR accredited		
EHC accredited		

Name of prospective Healthy Living Champion 1	
Name/Role	
Average hours per week at pharmacy named above	
Name of prospective Healthy Living Champion 2	
Name/Role	
Average hours per week at pharmacy named above	

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The Pharmacy

Does the pharmacy have any outstanding issues on the last Contract Monitoring Visit? If so please indicate:		
	Yes	No
Has the pharmacy a fit for purpose consulting room?		
Does the consulting room have a computer?		
Is the computer connected to the internet?		
Does the consulting room have a range of health advice leaflets?		

Your Pharmacy's Service Offering

Service	Currently provided Y/N	Level of average uptake per month
Medicines Use Review (MUR) Service		
New Medicines Service (NMS)		
NRT voucher scheme		
Chlamydia screening		
EHC on NHS PGD		
Supervised Consumption		
Needle Exchange		
Can the pharmacy demonstrate primary care engagement with at least one or more GP practice?		
Number of meetings in last 6 months?		

Why HLP?

Pharmacy Lead: Please write a brief statement about why you feel being a HLP is important to your pharmacy, and what it will mean for your local communities if you achieve HLP status? (*max 200 words*)

<p>Health Promotion Champion: Please write a brief statement how you will make a positive contribution to your customers health and wellbeing (<i>max 200 words</i>)</p>

Declaration

Pharmacy Lead Print Name (please ensure this is clear)	
Signature	
Name of area manager/owner to confirm full support and time commitment for the project (please ensure this is clear)	
Signature Owner/Area Manger	

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