

Form PREM2A

Application to undertake MURs off the pharmacy premises at alternative premises with a consultation area

A completed copy of this form should be submitted by the pharmacy contractor to their local NHS England team in order to request consent to undertake MURs from alternative premises that have a consultation area meeting the MUR requirements. It may for example be used to seek permission to conduct MURs in the consultation area of another pharmacy or a medical practice, which is appropriate for the provision of MURs.

This application is made under Direction 4(5)(b) of The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013. The local NHS England team must consent to this application before MURs can be conducted at the alternative premises that have a consultation area meeting the MUR requirements.

Pharmacy details				
Name of pharmacy contractor:				
ODS code (F code):				
Pharmacy address:				
Address for correspondence (if different from above):				
Application				
1.	I / we apply for consent to undertake MUR consultations at the following alternative premises.			
2.	Address of alternative premises:			
3.	I / we confirm that the alternative premises contain a consultation area that is clearly designated as an area for confidential consultations; is distinct from the general public areas of the premises in which it is situated; and is an area where both the person receiving the MUR services and the pharmacist providing those services are able to sit down together and talk at normal speaking volumes without being overheard by any other person.			
4.	Location of confidential consultation area within the alternative premises:			
5.	NHS England requires that any pharmacist undertaking an MUR off the pharmacy premises must have supplied to them an enhanced Disclosure and Barring Service (DBS) certificate before providing the service. If the pharmacist does not already have an enhanced DBS certificate, this will be paid for by the local NHS England team.			
Copy of enhanced DBS certificate enclosed with this application?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Previously supplied
Pharmacy contractor's declaration				
6.	I / we confirm that if the above application is approved, I / we will cease to provide MUR consultations under these arrangements if the local NHS England team subsequently notifies me / us that its approval has been withdrawn.			
Signed:		Date		
Contact name for queries relating to this form:		Telephone number		