Form PREM2C

Application to undertake MURs off the pharmacy premises at alternative premises or a category of premises for a particular category of patients

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 specified premises or a category of premises for a particular category of patients. The local NHS England team can impose conditions and can state the circumstances for which the consent is granted.

This form may for example be used to request consent to conduct MURs at a care home, for care home patients.

This application is made under Direction 4(5)(c)(ii) 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 alternative premises or a category of premises for a particular category of patients.

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 premises or category of premises, for the category of patients listed.	
2.	Address of premises (if known) or category of premises (e.g. care homes)	Category of patients to be seen (e.g. residents of care homes)
3.	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?	☐ Yes ☐ No ☐ Previously supplied

Pharmacy contractor's declaration	
4.	I / we confirm that if the above application is approved, I / we will comply with any conditions specified by the local NHS England team and 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under these arrangements if the local NHS England team subsequently notifies me / us that its approval has been withdrawn.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	