## Community Pharmacy Winter Ailments Service [Year]

## Pharmacy Contractor Sign Up and Assurance sheet

Pharmacy contractors are advised that incomplete submissions will be returned or may be rejected.

Signed for and on behalf of NHS England (xxx Area Team)

|  |  |
| --- | --- |
| Signature | / /201X |
| [Name] | [Job title] |

Signed for and on behalf of:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Company name |  | | ODS code | F |
| Pharmacy name (if different) |  | | | |
| Address |  | | | |
| I confirm that I have received the request from NHS England and the accompanying service level agreement and service specification for the provision of the winter ailments service. I agree to provide the service in a manner compliant with the requirements of the service level agreement and service specification. | | | | |
| Signature | | | / /201X | |
| Name: | | Job title: | | |

Please return completed sheets to XXX by Date.