**Request to provide NHS flu vaccination to care home/long-stay residential home patients**

| Name of pharmacy making request | |  | | | |
| --- | --- | --- | --- | --- | --- |
| Pharmacy address | |  | | | |
|  | | | |
| Town/City | |  | | | |
| Postcode | |  | | | |
| Contact telephone | |  | | | |
| ODS code | | F | | | |
| Signed | |  | | | |
| Print Name | |  | | | |
| Date [DDMMYYYY] | |  | |  | |
| **Details of where the vaccination will be administered** | | | | | |
| Name of facility |  | | | | |
| Address |  | | | | |
| Postcode |  | |  | | |
| Reason for request to vaccinate at this location?  (e.g. resident/patient is bed bound, lacks mental capacity) | | |  | | |
| **Pharmacy declaration for meeting minimum requirements:** | | | | | |
| Each patient’s GP has been contacted and is aware that the pharmacist will vaccinate the patient in the care home/long-stay residential facility | | | | | Yes |
| The pharmacy’s professional indemnity insurance covers offsite flu vaccination | | | | | Yes |
| The pharmacist(s) has a valid DBS check | | | | | Yes |
| Appropriate arrangements for waste management for the provision of vaccinations in the facility are in place | | | | | Yes |
| The setting for provision of vaccinations is suitable  (e.g. will meet all the requirements for confidentiality) | | | | | Yes |
| Appropriate infection control is available in the setting for provision of vaccinations | | | | | Yes |
| Suitable cold chain arrangements for the transport of vaccines are in place | | | | | Yes |

Please complete the form below in full and submit your request to the local NHS England team (see contact details on the NHS Employers and PSNC websites)