**Somerset LPC COVID-19 ‘support-connect’ registration form**

We are all aware of the pressures being faced by community pharmacies during the global coronavirus pandemic. Thank you for everything you are doing during these extraordinary times.  
  
Whatever measures are taken to try and control the spread of the virus in the UK, we know from the experience in other countries that community pharmacies will be asked to remain open so that people can obtain their essential medicines and associated support. In order to ensure that this happens and to provide desperately needed support for those working on the front line we are reaching out to pharmacy professionals who may have some capacity to help to be on stand-by to provide relief when needed.

We do understand that many of you will already be working at your full capacity already and we thank you for everything you are doing.

We are also hoping to reach out to any pharmacy professionals who have retired within the last three years who may not yet have responded to the NHS England request. [**www.england.nhs.uk/coronavirus/returning-clinicians/**](http://www.england.nhs.uk/coronavirus/returning-clinicians/)  
**This will be paid work - to be arranged with the employing organisation.**  
If this is something that you think you would be able to help with please complete this form and email it to: [**covidhelpline.somersetlpc@gmail.com**](mailto:covidhelpline.somersetlpc@gmail.com)as soon as possible.

If you have any questions please phone: **07496 601495**

Please indicate your responses by shading as applicable.

*Your responses will be held by members of Somerset LPC only and used only for the stated purpose.*

|  |  |  |
| --- | --- | --- |
| **Forename:** |  | |
| **Surname:** |  | |
| **email address:** |  | |
| **Mobile phone no.** |  | |
| **Home postcode:** |  | |
| **Age:** | \_\_\_\_ years | |
| **Retired?** | Y | N |
| **Current role (or previous if retired). Please shade all that apply:** | Pharmacist □  Pharmacy technician □  Pre-registration pharmacist □  Pharmacy student □  Pharmacy technician student □ | |
| **Are you an independent prescriber?** | Y | N |
| **Are you an accredited checking technician?** | Y | N |
| **GPhC number (if applicable):** |  | |
| **Currently self-isolating?** | Y | N |
| **Date self-isolation finishes (if applicable):** |  | |
| **Willing to provide support:** | Y | N |
| **How far are you willing to travel?** | \_\_\_\_ miles | |
| **Current sector working in (and/or previous sectors)? Please shade all that apply:** | Community □  Hospital □  Primary care □  CCG □  Education and training □  Prison/secure environment □  LPC □  Industry □  Other (please state): | |
| **Willing to work in a community pharmacy?** | Y | N |
| **If so which days and times? Please shade all that apply:** | Mon am □  Mon pm □  Tue am □  Tue pm □  Wed am □  Wed pm □  Thu am □  Thu pm □  Fri am □  Fri pm □  Sat am □  Sat pm □  Sun am □  Sun pm □ | |
| **Have you attended training within the last 4 years to provide EHC under the Somerset County Council PGDs?** | Y | N |
| **If yes, have you signed a copy of each of the current PGDs?** | Y | N |
| **Levonorgestrel PGD** |
| **Ulipristal PGD** | Y | N |
| **Have you attended face to face or online training within the last 2 years to provide varenicline (Champix®) under the Somerset County Council PGD?** | Y | N |
| **If yes, have you signed and returned a copy of the current PGD to the council?** | Y | N |
| **Willing to help with medicine deliveries?** | Y | N |
| **Willing to provide pastoral support to pharmacy team members?** | Y | N |

Thank you for completing and returning this form. Anything that you can do to help, however big or small, will make a difference to those overwhelmed by the demands at the front line. You will also be helping to ensure that the public continue to receive their medicines and associated support during this global emergency. Keeping pharmacy staff and the public well will reduce the workload on other parts of the NHS during this time allowing them to focus on saving the lives of those who have contracted COVID-19 and have become seriously or critically ill.

Please email this completed form to: **covidhelpline.somersetlpc@gmail.com**

*On behalf of Somerset Local Pharmaceutical Committee (LPC).*