**Appendix 1 – Sample signature form**

|  |  |
| --- | --- |
| Name (as it appears on the professional register):  |   |
| PROFESSIONAL GROUP |  |
| JOB ROLE |  |
| DATE OF QUALIFICATION |  |
| Regulatory body registration number  |  |
| Work email address |  |
| Work Base:  |  |

* I agree to prescribe according to current legislation within my own competence and expertise and to comply with approved NICE guidance, appropriate APC guidance and local policies and formularies relating to medicines.
* I confirm that I have read the Counter Fraud Authority’s Management and Control of Prescription Forms [here](https://www.cpsc.org.uk/application/files/3115/2579/6094/Management_and_control_of_prescription_forms_2018.03.pdf)
* I understand any FP10 pads issued to me must be managed securely and returned to my line manager as/when I leave my post.

Date: ……………………………….

Name of prescriber (print): …………………………………………….

Signature of prescriber: ………………………………………………..

Practice Manager/GP/Superintendent Pharmacist/Appropriate IHCP manager:

I verify that the above information is accurate

Name: (print) ……………………………………………………….

Job title: ……………………………………………………….

Name of Practice/Service ..........................................................

Signature: …………………………………………………………

Date: …………………………..………