**Flu – Locum Declaration**

**NHS England**

Dear Locum Pharmacist,

Please make your way through the steps below and submit your completed checklist to [locumdocuments@rowlandspharmacy.co.uk](mailto:locumdocuments@rowlandspharmacy.co.uk) by Friday 9th September.

The decision has been made by the business to deliver NHS flu vaccinations under the national protocol.

Please ensure that you have read, understood, signed and printed a copy of the protocol & completed the 2 training modules required.

This will allow you to be offered bookings in branches who provide the flu service.

Full Name: ………………………………………………………………… GPhC No: ……………………………..……

Resource Planning Co-ordinator: ………………………………………………………………………………………….…..

Region(s) you are able to work: …………………………………………………………………………………………………

|  |  |  |
| --- | --- | --- |
| Action | How | Date completed & Signature |
| Create a Phoenix learn Log | Use the following link to register for Phoenix Learn (this replaces the old Moodle platform)  <https://learn.phoenixmedical.co.uk/?tenant=Contractors>   * Create a new account & enter your details * You will receive a link via your email address to confirm your account | Date:  \_\_\_\_/\_\_\_\_\_/\_\_\_\_  Signature: |
| Complete the Flu training | Log on to Phoenix Learn  Access Rowlands > Essential Training > **Flu**   * Flu vaccination service – working under a protocol. * Flu vaccination service at Rowlands –Pharmacist training 2022/23 | Date:  \_\_\_\_/\_\_\_\_\_/\_\_\_\_  Signature: |
| Complete Face to Face training | Complete new to flu or refresher training according to the Country you work in. | Date:  \_\_\_\_/\_\_\_\_\_/\_\_\_\_  Signature: |
| NHS Protocol | Download and confirm you have read & agree to the NHS Protocol.  (please ensure you keep this with you at all times when working in a Rowlands pharmacy) | Date:  \_\_\_\_/\_\_\_\_\_/\_\_\_\_  Signature: |
| PI Insurance | Confirm that your PI insurance is valid | Date:  \_\_\_\_/\_\_\_\_\_/\_\_\_\_  Signature: |

**Locum Declaration:**

|  |  |  |
| --- | --- | --- |
| I have completed all actions above and I understand that I will be required to provide the flu service under NHS protocol whilst working in a Rowlands Pharmacy. | | |
| **Locum** | Print Name | Date |
| Signature | | |