## Offer to the Pharmacy Team Relief Fund to provide community pharmacy services

If you wish to offer your services as a practising pharmacist, please complete the following form, sign, and send it with a copy of your updated C.V., highlighting any additional services you are qualified to provide e.g. vaccinations, CPAMS, ECP, Methadone, Clozapine etc. to [fund@pharmacycouncil.org.nz](mailto:fund@pharmacycouncil.org.nz).

Name and Council registration number:

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Address:

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Contact phone number & email address:

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Do you hold a **current** APC or Emergency practising certificate? **Y N**

Which work dates would suit you best?

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Are you familiar with using Toniq, RX or both?

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Which regions are you happy to work in? e.g. Southland, Auckland, etc.

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Limitations – are there dates, regions, or any other factors that will not work for you?

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Please provide any other information you believe is relevant to your offer to provide services:

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(C.V. attached)