

Pharmacy Team Relief Fund Offer to provide relief community pharmacy services

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

Name and Council registration number:

Address:

Contact phone number and email address:

Do you hold a current APC or Emergency practising certificate?(circle one please) Y / N

Which work dates would suit you best?

Are you familiar with using Toniq, RX or both?

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

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

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

Sign here:

(attach CV)