**SECTION 4 – DECLARATION & SIGNATURE**

***Please complete this section and either insert an electronic copy of your handwritten signature OR print this page, sign, scan or photograph the page and return with your application.***

|  |  |  |
| --- | --- | --- |
| ***Please ensure that ALL relevant parts of this self-assessment are completed before signing the declaration below:*** | | |
| I declare to the best of my knowledge and belief that the information I have provided relating to the Misuse of Drugs Act 1971 and the associated Regulations, in its prescribing, handling, supply, administration and destruction of Schedule 2 & 3 Controlled Drugs is correct. I agree to notify the Accountable Officer within 2 working days of any major changes to the information supplied. | |  |
| All information provided in this document is correct to the best of my knowledge. | |  |
| I confirm that the Controlled Drugs will not be used to treat myself or anyone with whom I have a close relationship in line with GMC /GDC Guidance. | |  |
| I acknowledge that I will be charged for FP10PCD forms and agree to pay as invoiced. | |  |
| I confirm I have attached 2 forms of personal identification, one of which contains a current photo. | |  |
| **SIGNATURE** *(Requesting prescriber)*  ***(This must be your handwritten signature or electronic copy of your signature)*** |  | |
| ***To insert a copy of your electronic signature; save as a picture; click on picture icon in box above and insert picture*** | |
| **PRINT NAME** |  | |
| **PROFESSIONAL REGISTRATION NUMBER** |  | |
| **DATE OF SIGNING** | Click or tap to enter a date. | |

**Please return completed declaration form with your application form to** [**england.yhcdao@nhs.net**](mailto:england.yhcdao@nhs.net)