

NHSmal account application form for Pharmacists, Optometrists and Dentists

Please email your form to your regional contact – for contact details please see:

<http://systems.hscic.gov.uk/nhsmail/using/contactlist.xls>

Please provide evidence that you have completed the IG toolkit by sending an assessment report with your application (one is sufficient per practice). For further information see:

<https://www.igt.hscic.gov.uk/>

Name:		Role:	
Email address:			
Organisation name and address:			
Organisation data service (ODS) code (if applicable):		Organisation telephone number:	
Pharmacists – GPS registration number:			
Optometrists – GOC registration number:			
Dentists – GDC registration number:			
Does your organisation already hold any NHSmal accounts? Y/N		If yes, please provide the email address(es):	
Number of individual person accounts required, preferred account name and mobile number for each account owner:			
Do you require a shared mailbox for your organisation? If yes, please state the preferred mailbox name (it may not be possible to use the exact name requested). Please also confirm the account owner name and mobile number:			
Reason accounts are			

required – what type of information will be exchanged and how frequently?	
---	--

Further help

For any questions about your application or help with the process, please contact feedback@nhs.net

*For identification prior to new account passwords being confirmed

