1. **Practitioner authorisation sheet**

**Pharmacy Influenza Vaccination PGD v07.00 Valid from: 01/09/2020 Expiry: 31/03/2021**

**Practitioner**

By signing this PGD you are indicating that you agree to its contents and that you will work within it.

PGDs do not remove inherent professional obligations or accountability.

It is the responsibility of each professional to practise only within the bounds of their own competence and professional code of conduct.

| I confirm that I have read and understood the content of this PGD and that I am willing and competent to work to it within my professional code of conduct. | | | |
| --- | --- | --- | --- |
| Name | Designation | Signature | Date |
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**Authorising manager**

| I confirm that the pharmacists named above have declared themselves suitably trained and competent to work under this PGD. I give authorisation on behalf of **insert name of organisation**  for the above named pharmacists who have signed the PGD to work under it. | | | |
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| Name | Designation | Signature | Date |
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**Note to authorising manager**

Score through unused rows in the list of practitioners to prevent pharmacist additions post managerial authorisation.

A copy of this PGD with completed practitioner authorisation sheet should be retained and available at the pharmacy premises as a record of those pharmacists authorised to work under this PGD.