



Application for Prepayment Prescriptions for Care Leavers

First Name:		
Last Name:		
DOB:		
Address (<i>current</i>):		Post Code:
Email Address:		
Telephone Number:		
NHS Number (if known):		
General Practitioner (<i>GP</i>)		
General Practitioner (<i>GP</i>) Address		Post Code:
Name of After Care Personal Advisor:		
Personal Advisor Contact Details: (<i>Telephone Number</i>):		
Which Local Authority looked after you:		

(I consent to Shropshire Telford & Wrekin Shared Services using my personal details on behalf of Shropshire Telford & Wrekin CCG to purchase a prepayment certificate for prescriptions and monitoring purposes-once certificate has been purchased your data will not be kept by the CCG-it will be deleted)

Name:	Signature:	Date:
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This form can be completed on-line and emailed to:

Designated Nurse for Looked After Children

Email stwccg.shropshiresafeguarding@nhs.net –for Shropshire Local Authority care leavers

stwccg.telfordsafeguarding@nhs.net –for Telford & Wrekin Local Authority care leavers

For Office use only

Prescription approved for: - 3 months/12 months, Signed

Name Dateon behalf of Shropshire Telford & Wrekin CCG