|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **END USER REGISTRATION FORM[[1]](#footnote-2)** | | | | | | | |
| *Please complete all sections of form, marking ‘not applicable’ or N/A’ where appropriate.* | | | | | | | |
| **DETAILS OF END USER LOCATION[[2]](#footnote-3)** | | | | | | | |
| **New Registration or Change of Ownership Request?:** | | | | | Choose an item. | | |
| **Name of Organisation/Location:** | | | |  | | | |
| **Legal Entity:** *(if different from above)* | | | |  | | | |
| **Location Address** - **including** **postcode**: *(location from which medicines dispensed)* | | | |  | | | |
| **Country:** | | | | Northern Ireland | | | |
| **Your Contact Details:** *(Referred to as the Requestor)* | | | ***Full Name:*** |  | | | |
| ***Job Title:*** |  | | | |
|  | | | ***Email:*** |  | | | |
|  | | | ***Business Telephone no.:*** |  | | | |
| **REGISTRATION INFORMATION** | | | | | | | |
| **End User Location Function:** (*The principle Function of the organisation/company (e.g. Pharmacy, Wholesaler. Health Centres should select GP Practice from the available options).* | | | | Choose an item. | | | |
| **Professional / Sectoral Body:** | | Choose an item. | | | | | If Other, please add here: |
| **Registration ID:** | Click or tap here to enter text. | | | | | **Location ID:** | Click or tap here to enter text. |
| **FMD SOFTWARE DETAILS** | | | | | | | |
| Software Supplier Name: | | | |  | | | |
| Software Name: | | | |  | | | |
| Software Version: | | | |  | | | |
| Software has passed Baseline Testing?: *(Please check with your Software Supplier)* | | | | Delete as appropriate: Yes / No | | | |

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| --- | --- | --- |
| **OTHER CONTACT DETAILS *(required)*** | | |
| **End User Location Contact:**  *(A designated member of staff at the End User Location to whom log in details will be sent via post.)* | ***Full Name:*** |  |
| ***Job Title:*** |  |
| ***Email:*** |  |
| ***Business Telephone no.:*** |  |
| **UKNI MVS Contact:**  (*A designated member of staff who will receive all communication from UKNI MVS, such as reset password emails.)* | ***Full Name:*** |  |
| ***Job Title:*** |  |
| ***Email:*** |  |
| ***Business Telephone no.:*** |  |

**Please return the completed form as soon as possible to** [**help@securmed.org.uk**](mailto:help@securmed.org.uk)**.**

**What happens next?**

Under the FMD regulations, SecurMed are required to verify that the End User Location is authorised for dispensing POMs.  We aim to process and review your registration within 5 - 7 working days. If there are any issues, we will email you outlining them and the verification process will restart on receipt of your response.

Once your registration has been successfully verified, we will send the Requestor an End User Licence Agreement (EULA) via DocuSign.Once the EULA is signed, your credentials will be issued.

**Multiple Functions**  
If your End User Location performs more than one Function, such as a Pharmacy and a Wholesaler, you will need to register each Function separately as individual End User Locations.

**Note:** If you are registering on behalf of an End User Location, you need to ensure that you are authorised to accept the EULA by the entity you are registering. Failure to gain suitable authorisation may mean that you are personally liable for any breaches of the EULA by the entity going forward.

Your data is held in full compliance with GDPR. If you have any questions, please see our full [Privacy Policy](https://securmed.org.uk/privacy-policy/) on our Website: [www.securmed.org.uk](http://www.securmed.org.uk)

*For Internal Use Only:*

|  |  |
| --- | --- |
| Unique Account Number: | USR- |

1. One form to be completed for each legal entity that requires access to the UKNI MVS, to be compliant with the EU Delegated Regulation 2016/161 [↑](#footnote-ref-2)
2. The legal name of your organisation/company and the address from which medicines are dispensed. [↑](#footnote-ref-3)