

## Practitioner Services

# Web form Username & Password

This form should be completed so Practitioner Services can issue a username and password that will allow the user to view and complete the Ophthalmic electronic web forms (GOS1, GOS3, GOS4).

### Please complete the appropriate section

#### Contractor Details

\* Denotes a mandatory field

Pay to List Number

*Health Board	<input type="text"/>	1	<input type="text"/>	2	<input type="text"/>	3	<input type="text"/>
Contractor List Number	<input type="text"/>	4	<input type="text"/>	5	<input type="text"/>	6	<input type="text"/>
*Forename	<input type="text"/>	7	<input type="text"/>	8	<input type="text"/>	9	<input type="text"/>
*Surname	<input type="text"/>	10	<input type="text"/>	11	<input type="text"/>	12	<input type="text"/>
Contractor GOC Number	<input type="text"/>	13	<input type="text"/>	14	<input type="text"/>	15	<input type="text"/>
*Contact Number	<input type="text"/>						
Email address	<input type="text"/>						

#### Practice Staff Details

\* Denotes a mandatory field

\*Pay to List Number

*Job Title	<input type="text"/>	1	<input type="text"/>	2	<input type="text"/>	3	<input type="text"/>
*Forename	<input type="text"/>	4	<input type="text"/>	5	<input type="text"/>	6	<input type="text"/>
*Surname	<input type="text"/>	7	<input type="text"/>	8	<input type="text"/>	9	<input type="text"/>
*Contact Number	<input type="text"/>	10	<input type="text"/>	11	<input type="text"/>	12	<input type="text"/>
Email address	<input type="text"/>						

\*I declare that I have read and understood the [acceptable use policy]\* relating to the use of my unique individual personal identification details (Username & Password).

Date

Send completed forms to [nss.psd-customer-admin@nhs.scot](mailto:nss.psd-customer-admin@nhs.scot) with 'Web form username & password form' in the subject field

### Practitioner Services use only

How was the Username & Password communicated to the User