**Staff in Primary Care Organisations**

Please ensure this form is completed fully. Once completed, please return this to pcse.portalenquiries@nhs.net

An email signature will be accepted.

Please only return the form only from the email address that it was sent to.

**We are unable to process forms if they are returned from an email that doesn’t correlate to the person in the practice who holds the role of ‘PL Practice Manager’ in PCSE Online.**

Once received and necessary checks are complete, the username will be amended.

# Organisation Information

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Organisation (ODS) Practice Code |  |  |  |  |  |  |  |
| Organisation Name |  | | | | | | | |
| Telephone Number |  | | | | | | | |

# Performer details

|  |  |
| --- | --- |
| Performer Name |  |
| Professional Registration Number |  |
| Old Username – This is the current username in PCSE Online |  |
| New Username – This is the new one the performer wishes to use |  |

# Practice Manager Declaration

|  |  |
| --- | --- |
| Name |  |
| Email Address |  |
| Telephone Number |  |
| Job Title |  |
| Declaration (please tick to show you have read and sign below) | □ By signing this form you are confirming that the Performer listed above has requested their email/ PCSE online username to be changed, you confirm their identity and authorise the change to be completed and that all information included on this form is true to the best of your knowledge. |
| Signature and date | |