

Jhoots Pharmacy Locum Pharmacist Claim Form

Jhoots Pharmacy 20 Hatherton Street Walsall WS4 2LA Tel 0121 526 5555 Version April 2018

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For payment please follow this the procedure;

1. All forms are to be filled out electronically and should be e-mailed to locum@jhoots.co.uk_using the link below.

- 2. If you are working more than once in the same month for Jhoots please use the same form.
- 3. Claim form needs to be submitted by end of each month. Payments will be made at the end of the following month, any one who misses the deadline, the claim form will be processed for the following month i.e. if worked March then submit on the 31st of the March, and it will be authorised and cheques will come out end of April. If not sent on 31st March and when the submit on the 31st of the March, and it will be authorised and cheques will come out end of April. If not sent on 31st March and when the submit on the 31st of the March, and it will be authorised and cheques will come out end of April. If not sent on 31st March and when the submit on the 31st of the March, and it will be authorised and cheques will come out end of April.
- submitted after this day then the claim will be authorised for April and payment made end of May. Your Hourly rate has already been agreed by email. 4. Claims may be delayed if this form is not completed in Full. 5. Claims must be made within 60 days otherwise Jhoots reserve the right to refuse payment.
- 6. All queries must be addressed to locum@jhoots.co.uk or telephone 0121 526 5555
- 7. In the event of a request for payment to be reissued for whatever reason Jhoots will charge a £50 administration Fee
- 8. Claims will be checked against the entry in the ProScript (Actual Time) Responsible Pharmacist Log Payments will only be made from the time you have signed in as Responsible Pharmacist.

- 11. All locums are reminded to follow there GpHC Professional standards 12.Referral to Locum Guide on Jhoots Intranet is available for guidance if required.
- 13. Please enter the number of MUR's are done on the day, a minimum of 2 must be done.
- Getting Started To access the attached document you will need to have Adobe Acrobat Reader installed on your computer. this can be downloaded free from http://www.adobe.com/products/acrobat/readstep2.html

Full Name	Company name (if applica	Company name (if applicable)					
Full Address	VAT Number (if	applicable)					
	Company num	ber (if applicable)					
Telephone Number	Mobile Number Post Code						
E-mail Address	G	PhC Number					
Bank name	Sort code Acco	ount number					
	Time Harme Harmer Tatal Number of	Tatal Cound					

Date	Branch	Time Worked	Hours Worked	Hourly Rate	Total Claimed	Number of MUR's done	•	•	Total Claimed	Grand Total Claim

^{9.} You are engaged as a Self-employed Locum Pharmacist a such you are responsible for your own National Insurance and Income Tax Payments. All payments made to you will be shared with HMRC if requested. 10. Any cancellations less than 48 hours via the locum will be charged with cancelation charges.



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Date	Grand	Fotal Claimed						
Any additional Information that you require to add								
Confidentiality Agreement								
2. I understar for civil dar 3. I agree to a	t to disclose, either during or after the termination of my oyment any information of a confidential nature relating nd that breach of this agreement may lead to dismissal w mages under the Data Protection Act 1998. abide by the standards set out in the staff confidentiality d, understand and agree to the terms and conditions set o	to the company of ithout notice and code of conduct.	r its business or customers.					
Declaration								
Please click on Boxes 1 - 5 below to confirm compliance with Jhoots Pharmacy Requirements Please Click on box 6 to confirm you are accredited to complete MUR's if you have claimed payment for any								
By Ticking this Box I confirm that I will be bound by the confidentiality Agreement								
By Ticking this Box I confirm that I completed My Legal entry in the Responsible Pharmacist Log on the Days worked in branch								
By Ticking this box I confirm that I Displayed my Responsible Pharmacist Sign as Legally Required								
By Ticking this Box I confirm that I am covered by my Own Professional Indemnity Insurance								
By Ticking this Box I confirm that I am not restricted from any form of practice by the GPhC or other professional body								
By Ticking this Box I confirm that I am MUR Qualified and have sent a copy of my MUR Certificate to the appropriate PCT's								
By Ticking this Box I confirm that I am registered with the GPhC and have renewed my membership and is in date.								
By Ticking this Box I confirm that I have done a CRB check and all is clear from any convictions								

PLEASE NOTE If any claims for payment are received without the declaration being completed Payment may be delayed or refused

Thank you for Working for Jhoots Pharmacy