CARE PROVIDER NHSMAIL SIGN UP FORM

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| --- |
| **Provider information –** Please complete all fields below |
| **Organisation Type:** | Social Care  |
| **Social Care Site name:** |  |
| **Name of Town: (Max 11 characters)** |  |
| **ODS Site Code: (V\*\*\*\*)**<https://odsportal.hscic.gov.uk/Organisation/Search> |  |
| **User information**Please complete the information below for 2 staff members in your service. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **First Name** | **Surname** | **Role** | **Current/ personal e-mail address** | **Current/ personal mobile number** | **shared mailbox access type(member/owner)** |
| **Shared Mailbox Owner** |  |  |  |  |  |  |
| **User** |  |  |  |  |  |  |