

Online reporting registration form

Please complete the fields below to enable your user account for eSchedules to be set up.

- **Independents and Franchises** complete Parts 1 and 3
- **Registered Body Corporate Organisations** Parts 1, 2 and 3

By signing, you agree that you understand that the reports you will have access to may contain patient identifiable information and that if you download these reports in any way, then you become responsible for the security and privacy of that information.

You also confirm that you have read and understood the Terms and Conditions

Part 1 – User details

Name of person who requires access	Personal email address	Signature (by hand)	Date

Once completed, return this form by
Email to NSS.psd-customer-admin@nhs.scot – mark 'Ophthalmic eSchedule Signatory Form' in subject field. **DO NOT SEND THIS BY POST**

Part 2 – Registered Body Corporate Organisations only (excluding franchises)

If you are a registered Body Corporate Organisation, all requests must be counter signed (below) by the owner, director or head of the relevant business area.

The counter signatory must submit the form and confirm they will be responsible for authorising all requests and advise of account closures.

Authorised by _____

Designation _____

Signature _____

Date _____

Part 3 - Please include all payment location codes that you require access to.

Payment location code	Trading name and address	Last 4 digits of account number where schedule payment is made	Please enter the amount paid on each of the last two schedules you have received from us		GOC number if a registered Body Corporate Organisation
			Schedule total 1	Schedule total 2	

Once completed, return this form by
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