

Request for removal from register of authorised signatures

To be completed for all nursing / ODP ward / department leavers on termination of substantive employment as part of their leaving checklist. This includes internal transfer to another ward / department within the Trust.

Once completed please email a copy to:

PRH: bsuh.dispensary.prh@nhs.net

RSCH: bsuh.pharmacycd@nhs.net

Surname	
Forename(s)	
PIN / registration	
Date of commencement	
Job title	
Hospital	
Division	
Ward/Department	
Signature of employee	
Initials of employee	
Internal transfer:	
New ward / department	
Date of transfer	

Name and signature of Ward/Department manager verifying for employee to be removed as an authorised signature: