

Registration Form

& Duty of Care Waste Transfer Note

To register your participation and receive a “**Welcome pack**” free of charge, please **complete the form below**. Alternatively, you can register online at www.alliance-healthcare.co.uk/pencycle. Your registration form will also act as your waste transfer note.

Please note that Alliance Healthcare will retain a copy of this transfer note and may use the contact details supplied to help manage this service. See Privacy Notices on page 3 for more information.

Full name of key pharmacy contact(s)	<input type="text"/>
E-mail address of key contact	<input type="text"/>
Alliance Healthcare account number	<input type="text"/>
Pharmacy name	<input type="text"/>
Pharmacy address	<input type="text"/>
Postcode	<input type="text"/>
	<input type="checkbox"/> I confirm that this is the address of the collection point
Name of Unitary Authority or Council	<input type="text"/>
SIC code (2007)	<input type="text" value="47730"/>
Pharmacy telephone number	<input type="text"/>

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For convenience, the following sections of the Duty of Care Waste Transfer Note have been **completed on your behalf** by Novo Nordisk and Alliance Healthcare, with confirmation that they have fulfilled their duty to apply all relevant waste collection regulations.

A Description of Waste

A1 Description of waste	Non-hazardous pharmaceutical waste
List of Waste Regulation Code(s)	20 01 32
A2 How is the waste contained?	Cardboard cartons
How much waste?	12 cartons, 90kg per annum

B Current Holder of the Waste – Transferor

See above – this pharmacy is a holder/producer of waste

C Person Collecting the Waste – Transferee

C1 Full name of contact	Jon Cornforth
Company name and address	Alliance Healthcare (Distribution) Limited, Cofton Road, Marsh Barton Industrial Estate, Exeter
Postcode	EX2 8QW
C2 Are you the local authority?	No
C3 Are you a registered waste carrier, broker or dealer?	Yes
Registration number	CBDU176489
Details	Carrier, Broker, Dealer - Upper Tier

D The Transfer

Start date of transfer	01/09/2023
Valid to	31/08/2024

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Transferor

Name

Representing

Signature
(wet signature is needed)

Date

Transferee

Name

Jon Cornforth

Representing

Alliance Healthcare (Distribution) Limited

Signature



Date

01/09/2023

If you need any help completing this form, please contact the Skills in Healthcare team at:

PenCycle@skills-in-healthcare.co.uk or on **0330 100 0448**.

Once you have completed the registration form, **return it to us as soon as possible**, by one of the following means:

E-mail

PenCycle@skills-in-healthcare.co.uk

Post

**Skills in Healthcare,
Pharmacy Services Development and Delivery,
43 Cox Lane, Chessington, Surrey, KT9 1SN**

Fax

0203 044 8993

You will need to **keep a copy** of this for a **minimum of two years**. This can be an electronic or physical version.

The service is managed by Alliance Healthcare (Skills in Healthcare) in partnership with Novo Nordisk.

Please note your details will be held by Alliance Healthcare. Your pharmacy name and address will be provided to Novo Nordisk and included on the PenCycle website to inform people who use pre-filled Novo Nordisk pens about all pharmacies involved in the PenCycle initiative. This information will not be used by Novo Nordisk for any other purposes.

Novo Nordisk or its subcontractors will not obtain any of your personal data except for the name and address of your pharmacy.

For more information on how Alliance Healthcare protects and processes your personal information, please visit our Privacy Policy here: **www.alliance-healthcare.co.uk/privacy-and-security**

Novo Nordisk considers the protection of your personal data and privacy a very important matter. Novo Nordisk seek to adhere to all privacy laws and enforce clear policies on protecting personal information. If you want to know more about how Novo Nordisk handle personal data please visit the Novo Nordisk website: **www.novonordisk.co.uk/our-privacy-policies**.

Should you have any questions about Novo Nordisk Privacy Notices or approach to data privacy, or wish to exercise your rights, you are invited to contact: **privacyuk@novonordisk.com**.