

**Community Pharmacy Service
Seasonal Influenza Immunisation
Service Level Agreement 2014 – 2015**

1. Parties to the agreement

Name and address of pharmacy:
(Please use pharmacy stamp)

Signature on behalf of the Pharmacist:


Signature	Name	Date

AND

NHS England Durham, Darlington & Tees Area Team

Based at:
Old Exchange
Barnard Street
Darlington
DL3 7DR

Signature on behalf of the NHS England:

Signature	Name and Designation	Date
	Sue Metcalfe Director of Commissioning	16 th September 2014