

**tQuest User Request Form**

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| --- | --- |
| Practice Name |  |
| Practice National (ODS) Code |  |

**NEW STAFF** (for NEW requesters that have NOT been set up already)

**If the tQuest account is not set up in Emis Web we cannot proceed with this request.**

**NAME**

|  |  |
| --- | --- |
| Surname/Family Name |  |
| Forename (NO Abbreviations) |  |
| Other Initials (PLEASE include) |  |

**Please provide the relevant registration number below**

**If the correct number is not supplied we cannot proceed with this request**

|  |  |  |
| --- | --- | --- |
| Doctors, GPs | GMP (where available) and GMC Number |  |
| Nurses | NMC PIN |  |
| Pharmacists | GPhC |  |
| Paramedic | HCPC |  |
| Physician Associate | MVR / RCP Registration |  |

|  |  |
| --- | --- |
| **Staff Type** (please choose from dropdown list) | Choose an item. |
| **PMS Login Mnemonic** |  |
| Routine Work normally sent to? (please choose from dropdown list) | Choose an item. |

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**DELETE STAFF** (for staff that have left the practice)

Please ensure **ALL LABELS** are **DISCARDED**

|  |  |
| --- | --- |
| Name | Date Left |
|  | Click here to enter a date. |
|  | Click here to enter a date. |
|  | Click here to enter a date. |

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**CHANGES** - Please use for any changes to details we have already set up on our systems (e.g. add ID number, name change, phone number change, etc.)

|  |  |  |  |
| --- | --- | --- | --- |
| Change What? | From | To | Reason |
|  |  |  |  |
|  |  |  |  |

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|  |  |  |
| --- | --- | --- |
| Form completed by |  | **\*\*Please complete** |
| Date completed/sent | Click here to enter a date. |  |
| **Please email completed form to** | [tquest@synnovis.co.uk](mailto:tquest@synnovis.co.uk) | |