



# GS1 UK LocationManager

## Application form for NHS Trusts

### What is this form for?

To apply for GS1 UK LocationManager – a registry for NHS Trusts and their suppliers to share important location information using Global Location Numbers (GLNs).

Remember

- You need to be a member of a GS1 organisation before filling out this form. All NHS Acute Trusts in England are already GS1 UK members. If you need to check your membership details please contact [healthcare@gs1uk.org](mailto:healthcare@gs1uk.org)
- Please send your completed form to [locationmanager@gs1uk.org](mailto:locationmanager@gs1uk.org)
- Once we've processed your application, we'll be in touch with the Department of Health to confirm payment. We should get confirmation from the Department of Health within three working days. Once received, we'll email you a link to activate your account within two working days.
- If you have any questions about GS1 UK LocationManager, please contact us on [0808 1728390](tel:08081728390) or [locationmanager@gs1uk.org](mailto:locationmanager@gs1uk.org)

### Section 1: Trust details

GS1 UK Customer ID: 50 Trust name: \_\_\_\_\_

If you're not sure of your Customer ID, please tell us your Trust name and we'll look this up for you.

Please confirm your details:

Company name: \_\_\_\_\_ VAT number: \_\_\_\_\_

Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ County/State: \_\_\_\_\_

Postcode/Zip code: \_\_\_\_\_ Country: \_\_\_\_\_

Website: \_\_\_\_\_

### Section 2: Main contact details

This is the person we'll set up on GS1 UK LocationManager. This person will have admin rights to add new users as necessary.

Title: Mr, Mrs, Miss, Ms, Dr, Other (specify) \_\_\_\_\_

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Job title: \_\_\_\_\_ Email: \_\_\_\_\_

Work phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

### Section 3: Signature

The terms and conditions for GS1 UK LocationManager can be found at [www.gs1uk.org/terms-and-conditions/location-manager](http://www.gs1uk.org/terms-and-conditions/location-manager)

By signing this form, I agree to the terms and conditions.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_