**YORK TEACHING HOSPITAL NHS FOUNDATION TRUST**

**SPECIMEN SIGNATURE FOR PHARMACY**

Name: ……………….……………… Grade: .………………….…………….

Speciality: ……………….……………………………….…….……..……………….

Registration: Full/Limited/Provisional Number………..…………………..………

(Delete as appropriate)

Commencing ……..…………………………...… Until:……………………..………

Signed: ………………………………….………...…Date:……………………….....

**YORK TEACHING HOSPITAL NHS FOUNDATION TRUST**

**SPECIMEN SIGNATURE FOR REGISTRY**

Name: ……………….………………….. Grade: .……………………………….

Speciality: …………………………………………………………………………….

Registration: Full/Limited/Provisional Number……………………………………

(Delete as appropriate)

Commencing ……..……………………..……… Until:…………...…………………

Signed: ………………………………………………...……Date:………………......

**YORK TEACHING HOSPITAL NHS FOUNDATION TRUST**

**SPECIMEN SIGNATURE FOR BEREAVEMENT SERVICES**

Name: ……………………………………… Grade: .………………………….

Speciality: ……………………………………………………………………………...

Registration: Full/Limited/Provisional Number……………………………………

(Delete as appropriate)

Commencing ……..……………………………….… Until:…………………………

Signed: …………………………………………………...…Date:………………......