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| **GENERAL INFORMATION** |
| * This form is for applicants to notify the Pharmacy Premises Committee (the Committee) of a new, relocated or altered pharmacy departments in the Northern Territory. * All sections of the form including the attached Statutory Declaration must be completed and all supporting documentation must be attached. * Completed forms must be submitted to the Committee Registrar on: * Post Registrar Pharmacy Premises Committee   PO Box 40596  Casuarina NT 0811   * Email [ppcregistrar@nt.gov.au](mailto:ppcregistrar@nt.gov.au)   Note:   * The Committee will NOT consider incomplete or partially complete applications.      * The Committee will require at least 28 days to consider. |

**Part 1**

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| **PHARMACY DEPARTMENT DETAILS:** | |
| **Name:** | |
| **Address:** | |
| **Mailing Address:** *(if different to pharmacy address)* | |
| **Phone:** | **Email:** |

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| **DATE OF OPENING/RELOCATION OR ALTERATION:** |  | |
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| **INDICATE THE REASON FOR THE APPLICATION:** | |
| New Pharmacy Department | 🞎 |
| Relocation of an existing Pharmacy Department | 🞎 |
| Alterations to an existing Pharmacy Department | 🞎 |
| Alterations and extension of an existing Pharmacy Department | 🞎 |

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| **NOMINATED CONTACT PERSON:** *(Primary contact for the new department)* |
| **Name & Position:** |

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| **Address:** | |
| **Mailing Address:** | |
| **Phone:** | **Email:** |

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| **NAME AND ADDRESS OF NEW PHARMACY DEPARTMENT:** *(if relocating or altering in size)* |
| **Name:** |

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| --- | --- |
| **Address:** | |
| **Mailing Address:** *(if different to pharmacy address)* | |
| **Phone:** | **Email:** |

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| **DETAILS OF PHARMACIST IN CHARGE:** *(pharmacist-in-charge is the term used in legislation to indicate the pharmacist responsible for the management of a pharmacy. Director of Pharmacy or Chief Pharmacist is the pharmacist-in-charge)* | | | |
| **Name** | **AHPRA Registration** | **Phone Number** | **Email** |
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**Part 2**

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| **SUPPORTING DOCUMENTATION:**  Enclose a floor-plan of the new premises to a preferred scale of 1:50 or 1:100 including the following: | |
| * The entire pharmacy department, including  1. all entry points, public, delivery/dispatch and staff; 2. security alarm system, including CCTV (if utilised); 3. location of work areas;    1. in-patient dispensing including dispensing stations    2. out-patient dispensing including dispensing stations    3. cytotoxic    4. sterile    5. non-sterile preparation 4. out-patient counselling including any counselling/interview room(s) 5. drug information 6. administration 7. medicines store 8. unpacking/packing and dispatch; 9. shelving; 10. stores, including any satellite locations 11. schedule 8 safe; 12. medicines refrigerator(s) and staff refrigerator; 13. shelving in the dispensary; 14. storage of dispensed medicines; and 15. preparation of dose administration aids 16. areas to be used for prescription reception and counselling, including privacy features and client waiting area; 17. location of staff lockers, tea and meal areas (if located in the department) 18. all sinks 19. restrooms (if located in the department) | 🞎 |
| * Elevation drawing of the public area of the pharmacy showing walls and screens for privacy | 🞎 |
| * Location drawing of the pharmacy departments position within the hospital | 🞎 |

**Part 3**

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| **SECURITY, ACCESS, CCTV & ALARM:** | |
| Will the pharmacy department have an intruder alarm fitted? | yes🞎 no🞎 |
| Will the electronic alarm be monitored by a   1. central agency; or 2. hospital security staff (please circle)   on a 24 hour,7 day a week basis | yes🞎 no🞎 |
| Will each perimeter door be fitted with an electronic security access that is auditable? | yes🞎 no🞎 |
| Will perimeter roller shutters be fitted with an electronic security access that is auditable? | yes🞎 no🞎  n/a🞎 |
| Will windows or skylights be fitted with security bars? | yes🞎 no🞎 |
| Will windows or skylights be fitted with security glass or ‘bullet proof’ glass? | yes🞎 no🞎 |
| Will the pharmacy department have a dedicated CCTV monitoring of all areas including satellite stores? | yes🞎 no🞎 |
| Will access to the pharmacy department be restricted to pharmacists only?   * If no, please attach a detailed risk management strategy as supporting application. | yes🞎 no🞎 |

Commonwealth of Australia

STATUTORY DECLARATION

*Statutory Declarations Act 1959*

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| *1 Insert the name, address and occupation of person making the declaration* | I,1  make the following declaration under the *Statutory Declarations Act 1959:* |
| *2 Set out matter declared to in numbered paragraphs* | 2  I solemnly and sincerely declare that the information provided in **Part 1, Part 2** and **Part 3** of this document is true and correct.  I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the *Statutory Declarations Act 1959*,and I believe that the statements in this declaration are true in every particular. |
| *3 Signature of person making the declaration* | 3 |
| *4 Place*  *5 Day*  *6 Month* *and year* | Declared at 4 on 5 of 6  Before me, |
| *7 Signature of person before whom the declaration is made (see over)* | 7 |
| *8 Full name, qualification and address of person before whom the declaration is made (in printed letters)* | 8 |

*Note 1*   A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 4 years — see section 11 of the *Statutory Declarations Act 1959*.

*Note 2*   Chapter 2 of the *Criminal Code* applies to all offences against the *Statutory Declarations Act 1959* — see section 5A of the *Statutory Declarations Act 1959*.