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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 40596Casuarina NT 0811* Email 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.
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**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
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| * 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,1make the following declaration under the *Statutory Declarations Act 1959:* |
| *2 Set out matter declared to in numbered paragraphs* | 2I 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*.