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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 **Professional Services Premises** in the Northern Territory. * Professional services premises will only be considered by the Committee under the following conditions:   + - There is an unmet public need; and     - The Professional Services Premises is associated with a pharmacy business 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: DETAILS**

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| **PROFESSIONAL SERVICES PREMISES:** | |
| **Name:** | |
| **Address:** | |
| **Mailing Address:** *(if different to address)* | |
| **Phone:** | **Email:** |

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| **DATE OF OPENING/RELOCATION OR ALTERATION:** |  |

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| **INDICATE THE REASON FOR THE APPLICATION:** | |
| New Professional Services Premises | 🞎 |
| Relocation of an existing Professional Services Premises | 🞎 |
| Alterations to an existing Professional Services Premises | 🞎 |
| Alterations and extension of an existing Professional Services Premises | 🞎 |

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| **ASSOCIATED PHARMACY DETAILS:** | |
| **Registered Pharmacy Business/Service Name:** | |
| **Pharmacy Address:** | |
| **Mailing Address:** *(if different to pharmacy address)* | |
| **Phone:** | **Email:** |
| * Please attach a copy of the Certificate of Compliance for the associated pharmacy | |

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| **DETAILS OF OWNER(S):** | | | |
| **Name** | **AHPRA Registration** | **Phone Number** | **Email** |
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| * *If more than 5 applicants please attach a separate sheet with details* | | | |

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| **DETAILS OF OWNERSHIP STRUCTURE:** | |
| Pursuant to the Health Practitioners Act, Schedule 7, Clause 2 a person must not own or exercise any control over a pharmacy business unless the person is: *(Please indicate which structure applies)* | |
| **Sole Proprietor** – Pharmacist:  Application must include a copy of:   * Business registration; and * Australian Business Number registration | 🞎 |
| **Partnership** - all partners are Pharmacists:  Application must include a copy of:   * Business Registration; and * Australian Business Number registration. | 🞎 |
| **Corporation** - all Shareholders and Directors are Pharmacists:  Application must include a copy of:   * Business registration; * Australian Business Number registration; and * Australian Securities and Investments Commission extract listing all shareholders and directors. | 🞎 |
| **Aboriginal health service or friendly society** granted an exemption by the Minister under the Health Practitioners Act, Schedule 7, Clause 2(2).  Application must include a copy of:   * Business Registration; * Australian Business Registration Number; * Indigenous Corporation Number; and * Exemption granted by Minister for Health | 🞎 |
| Other *(Please Specify and attach)*: | 🞎 |

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| **NOMINATED CONTACT PERSON:** *(Primary contact for the new premises)* | | | |
| **Name** | **AHPRA Registration** | **Phone Number** | **Email** |
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| * *If the nominated contact person is not one of the pharmacy owners (under the current or proposed ownership arrangements) wrtten evidence must be attached of the person’s authority to act on behalf of the owners.* | | | |

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| **DETAILS OF PHARMACIST IN CHARGE FOR THE ASSOCIATED PHARMACY:** | | | |
| **Name** | **AHPRA Registration** | **Phone Number** | **Email** |
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**Part 2: SUPPORTING DOCUMENTATION:**

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| * Description of all activities undertaken at the Professional Services Premises | 🞎 |
| Enclose a floor-plan of the new premises to a preferred scale of 1:50 or 1:100 including the following: | |
| 1. The entire professional services premises, including 2. all entry points; 3. security alarm system, including CCTV (if utilised); 4. all preparation areas included plant and equipment; 5. dispensing station(s); 6. benches for unpacking and sorting of orders; 7. benches for general compounding of medicines, including the sink utilised for this purpose – if applicable; 8. schedule 8 safe – if applicable; 9. medicines refrigerator(s) and or freezer(s) – if applicable 10. all shelving; 11. preparation of dose administration aids - if applicable 12. storeroom; 13. all sinks (see professional services standard); and 14. staffroom and toilet (if supplied) | 🞎 |
| * Elevation drawing of the front of the premises | 🞎 |
| * Elevation drawings of the left side of the premises | 🞎 |
| * Elevation drawing of the right side of the premises | 🞎 |
| * Elevation drawing of the rear of the premises | 🞎 |
| * Location plan showing the professional services premises in relation to the surrounding area | 🞎 |

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** and **Part 2** 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*.