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| **GENERAL INFORMATION** |
| * This form is to notify the Pharmacy Premises Committee (the Committee) of a Pharmacy Superintendent. * A Pharmacy Superintendent is a pharmacy owner or delegated pharmacist to act as a primary point of contact for a:   + Pharmacy Group pursuant to Schedule 7, Clause 8(1) of the *Health Practitioners Act 2004* (HPA); or   + Pharmacy Departments pursuant to Schedule 7, Clause 8(1) of the HPA. * A Pharmacy Superintendent may be a pharmacist-in-charge of one of the group pharmacies. * The form, supporting documentation and Statutory Declaration must be completed. * Completed forms must be submitted to the Committee Registrar by:   + Post Registrar Pharmacy Premises Committee   PO Box 40596  Casuarina NT 0811   * Email [ppcregistrar@nt.gov.au](mailto:ppcregistrar@nt.gov.au) |

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| **PHARMACY GROUP DETAILS:** | |
| **Pharmacy Group Name:** | |
| **Address:** | |
| **Mailing Address:** *(if different to above)* | |
| **Phone:** | **Email:** |

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| **DATE OF EFFECT:** |  |

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| **DETAILS OF PHARMACY SUPERINTENDENT:** | | | | | | | |
| **Name** | | **AHPRA Registration** | | **Phone Number** | **Email** | | |
|  | |  | |  |  | | |
| Other Name (alias) – if used | |  | | | | | |
| * Copy of Pharmacy Board of Australia (AHPRA) Registration | | | | | | | |
| * Certified copy of Photographic ID (drivers licence or equivalent) | | | | | | | |
| **LIST OF PHARMACIES:** | | | | | | |
| **Name of Pharmacy** | | | **Physical Address** | | | **Pharmacist-in Charge** |
| 1. |  | |  | | |  |
| 2. |  | |  | | |  |
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| 15. |  | |  | | |  |

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 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*.