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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 business** in the Northern Territory.
* All parts and sections of the form including the attached Statutory Declaration must be completed and all supporting documentation must be attached.
* Incomplete applications will not be considered.
* Completed forms must be submitted to the Committee Registrar either by email or post:
* Post Registrar Pharmacy Premises Committee

 PO Box 40596 Casuarina NT 0811* Email ppcregistrar@nt.gov.au

Note:* The Committee will require at least 28 days to consider the application.
* Complex applications with associated trust(s) and/or service agreement(s) may take 2 months or longer to consider and may be referred for legal and accounting assessment. Applicants will be required to pay for any external advice deemed necessary by the Committee.
* Commercially sensitive monetary values may be redacted.
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**PART 1**

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| **CURRENT PHARMACY DETAILS:** |
| **Registered Pharmacy Business/Service Name:** |
| **Pharmacy 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 | 🞎 |
| Relocation of an existing Pharmacy  | 🞎 |
| Alterations to an existing Pharmacy | 🞎 |
| Alterations and extension of an existing Pharmacy | 🞎 |

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| **DETAILS OF OWNER(S)/DIRECTORS:** |
| **Name and Address** | **AHPRA Registration**  | **Email** |
| **Phone:** |  |  |
| **Phone:** |  |  |
| **Phone:** |  |  |
| **Phone:** |  |  |
| **Phone:** |  |  |
| **Phone:** |  |  |
| * Attach a separate list if more than 6 owners
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| **NOMINATED CONTACT PERSON:** *(Primary contact)* |
| **Name and Address** | **AHPRA Registration****(If applicable)** | **Email** |
| **Phone:** |  |  |
| * *If the nominated contact person is not the new pharmacy owner written evidence must be attached of the person’s authority to act on behalf of the owners.*
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| **DETAILS OF NEW 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;
* Australian Business Number registration; and
* Partnership Agreement
 | 🞎 |
| 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.
* Shareholder agreement(s)
* Articles of Association
 | 🞎 |
| An 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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| **DETAILS OF PHARMACIST IN CHARGE:** |
| **Name** | **AHPRA Registration** | **Phone Number** | **Email** |
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| **DETAILS OF ANY NEW AGREEMENTS** *(if applicable and commercially sensitive monetary values may be redacted)* |
| Additional agreements involved in the control of the pharmacy, but not limited to:* Franchise
* Lease of premises
* License
* Marketing Company agreement for the pharmacy
* Management Company agreement for the pharmacy
* Service agreement for the pharmacy
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| **PROVIDE DETAILS OF EACH AGREEMENT** |
| Name  | Address |
|  |  |
| * Attach a copy of the agreement
 |
| Name  | Address |
|  |  |
| * Attach a copy of the agreement
 |

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| Do the agreement(s) permit any non-registered pharmacist to: |
| 1. | Control the manner in which the pharmacy business operates: | YES NO |
| 2. | Access to records, accounts, or other financial details, other than for the purposes of book-keeping or accountancy. | YES NO |
| 3. | Receive any consideration related to profits or takings: | YES NO |
| 4. | Right to vary any consideration related to profits or takings: | YES NO |
| Note: The agreement must not give the individual company the right to do any of the above unless the individual or all shareholders and directors of the company are registered pharmacists.If yes to any of the above, the application cannot be approved. |

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| **PROVIDE DETAILS OF ANY PECUNIARY INTEREST** |
| Will any other person/registered company or other entity (including shareholders and directors), who are not registered pharmacists have any pecuniary interest? | YES NO |
| * If yes provide details of the interest and the nature of the relationship
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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 premises**, including
1. all entry points, public, delivery and staff;
2. security alarm system, including CCTV (if utilised);
3. schedule 3 medicines for sale and storage;
4. schedule 2 medicines for sale and storage;
5. areas to be used for prescription reception and counselling, including privacy features;
6. storeroom;
7. counselling/treatment room;
8. all sinks (see premises standard);
9. any agencies: eg Credit Union/Bank, Health Insurance or Tattslotto; and
10. staffroom and toilet (if supplied).
 |  🞎 |
| * The **dispensary**, including
1. dispensing station(s);
2. benches for unpacking and sorting of dispensary orders;
3. benches for general compounding of medicines, including the sink utilised for this purpose;
4. schedule 8 safe(s);
5. medicines refrigerator(s);
6. shelving in the dispensary;
7. storage of dispensed medicines; and
8. preparation of dose administration aids (if required, see PSA standard).
 |  🞎 |
| * Elevation drawing of the front of the **pharmacy**
 |  🞎  |
| * Elevation drawing of the front of the **dispensary**
 |  🞎 |
| * Elevation drawing of the prescription reception and counselling area
 |  🞎 |
| * Location plan showing the pharmacy in relation to the surrounding area
 |  🞎 |

Commonwealth of Australia

STATUTORY DECLARATION

*Statutory Declarations Act 1959*

|  |  |
| --- | --- |
| *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** 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*.

**PART 3** – to be completed by each Director and/or Shareholder

|  |  |  |  |
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| **Name and Address:** | **AHPRA Registration** | **Email:** | **Shares Held** |
| **Phone:** |  |  |  |

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| * Director; and/or
* Shareholder
 |

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| Will you or the company be the Trustee of a Trust that operates in association with the pharmacy business? | YES NO |
| If yes, state the name of each Trust |
| 1. |  |
| * Attach a copy of the Trust Deed
 |
| 2. |  |
| * Attach a copy of the Trust Deed
 |
| 3. |  |
| * Attach a copy of the Trust Deed
 |

Commonwealth of Australia

STATUTORY DECLARATION

*Statutory Declarations Act 1959*

|  |  |
| --- | --- |
| *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 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*.

**Part 4** – To be completed by legal representative

Commonwealth of Australia

STATUTORY DECLARATION

*Statutory Declarations Act 1959*

|  |  |
| --- | --- |
| *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, 2** and **3** of this document complies with the ownership requirements of Schedule 7, *Health Practitioners Act 2004* (the Act) including (delete if not applicable):1. All owner(s) are registered pharmacist(s).
2. ASIC extract of company complies with ownership requirements of the Act.
3. The Lease agreement is in compliance of the Act.
4. The Franchise agreement is in compliance of the Act.
5. All Associated Trust(s) are in compliance of the Act.

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*.