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| **GENERAL INFORMATION** |
| * This form is to notify the Pharmacy Premises Committee (the Committee) of a new pharmacist-in-charge   of a:   * Pharmacy Business pursuant to Schedule 7, Clause 7(2) of the *Health Practitioners Act* (HPA); or * Pharmacy Department pursuant to Schedule 7, Clause 7(3) of the HPA. * A pharmacist can only be appointed pharmacist-in-charge of one pharmacy business or pharmacy department. - Schedule 7, Clause 7(6) of the HPA. * The form, supporting documentation and Statutory Declaration must be completed. * Completed forms must be submitted to the Committee Registrar by: * Email [ppcregistrar@nt.gov.au](mailto:ppcregistrar@nt.gov.au) |

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| **PHARMACY DETAILS:** | |
| **Pharmacy Business/Service Name:** | |
| **Address:** | |
| **Mailing Address:** *(if different to above)* | |
| **Phone:** | **Email:** |

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| **DATE OF EFFECT:** |  |

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| **DETAILS OF NEW PHARMACIST-IN-CHARGE:** | | | |
| **Name:**  *as per AHPRA registration* | **AHPRA Registration**  **Number:** | **Phone:** | **Email:** |
|  | PHA\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| **Other Name (alias) – if used** |  | | |

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| * Copy of Pharmacy Board of Australia (AHPRA) Registration |

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| * Certified copy of Photographic ID (drivers licence or equivalent) |

­THE NORTHERN TERRITORY OF AUSTRALIA

**STATUTORY DECLARATION**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| (1) Insert full name and address of person making declaration | **I,** (1)  I solemnly and sincerely declare the information provided in of this document is true and correct. | |
| (3) Signature of the person making the declaration | This declaration is true and I know it is an offence to make a statutory declaration knowing it is false in a material particular.  Declared at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the day of 20\_\_\_**Error! Bookmark not defined.**  (3)  ... | |
| (4) Signature of the person before whom the declaration is made  (5) Here insert full name of person before whom the declaration is made, legibly written, typed or stamped  (6) Here insert contact address or telephone number of person before whom the declaration is made | Witnessed by: | (4)    (5)    (6) |
|  | **NOTE: This declaration may be witnessed by any person who is at least 18 (eighteen) years of age.** | |
|  | **NOTE: This written statutory declaration must comply with Part 4 of the *Oaths Affidavits and Declarations Act 2010.*** | |
|  | **NOTE: Making a declaration knowing it is false in a material particular is an offence for which you may be fined or imprisoned.** | |