

Application Form

NEW PHARMACY

Application fee: \$480.00 plus \$550.00 per financial interest

To be completed when establishing a new pharmacy with or without a professional services room. This application includes the registration of financial interests in the pharmacy business. Each financial interest will attract a fee of \$550.00. There is no additional fee for the inspection of the premises.

This application should be completed with reference to **'The Guide,'** the *Health Practitioner Regulation National Law (NSW)* ('the Law') and the *Health Practitioner Regulation (NSW) Regulation 2010* ('the Regulation').

An application for a New Pharmacy must be lodged with the Pharmacy Council of New South Wales ('the Council') at least **14 days before** the intended opening date. This application may not be considered until all documentation is received. All documentation must be received by the **lodgement date** for the application to be considered at the next Council Meeting. The lodgement dates can be found on the Council website.

PHARMACY DETAILS TO BE REGISTERED

Pharmacy Name _____

Street Address _____

Postcode _____

Telephone () _____ Facsimile () _____

Email _____

Postal Address _____

Postcode _____

CONTACT FOR THIS APPLICATION

Name _____

Email _____ Tel _____

Pharmacist 2:
Full Name _____ PHA _____

Do you have an interest in other pharmacies in NSW? Yes
No

Pharmacy Name _____ Registration No. PC _____

Pharmacy Name _____ Registration No. PC _____

Pharmacy Name _____ Registration No. PC _____

Pharmacy Name _____ Registration No. PC _____

Pharmacist 3:
Full Name _____ PHA _____

Do you have an interest in other pharmacies in NSW? Yes
No

Pharmacy Name _____ Registration No. PC _____

Pharmacy Name _____ Registration No. PC _____

Pharmacy Name _____ Registration No. PC _____

Pharmacy Name _____ Registration No. PC _____

Pharmacist 4:
Full Name _____ PHA _____

Do you have an interest in other pharmacies in NSW? Yes
No

Pharmacy Name _____ Registration No. PC _____

Pharmacy Name _____ Registration No. PC _____

Pharmacy Name _____ Registration No. PC _____

Pharmacy Name _____ Registration No. PC _____

Pharmacist 5:
Full Name _____ PHA _____

Do you have an interest in other pharmacies in NSW? Yes
No

Pharmacy Name _____ Registration No. PC _____

Pharmacy Name _____ Registration No. PC _____

Pharmacy Name _____ Registration No. PC _____

Pharmacy Name _____ Registration No. PC _____

Pharmacist 6:
Full Name _____ PHA _____

Do you have an interest in other pharmacies in NSW? Yes
No

Pharmacy Name _____ Registration No. PC _____

Pharmacy Name _____ Registration No. PC _____

Pharmacy Name _____ Registration No. PC _____

Pharmacy Name _____ Registration No. PC _____

1.4 Pharmacists' Body Corporate/s

Number of Pharmacists' Body Corporates _____

*if more than one Pharmacists' Body Corporate, please attach a separate schedule (1.4 to 1.9) for each.

Pharmacists' Body Corporate details

Registered name of Corporation

(ASIC Certificate of Registration and Company
Extract must be attached, see 8 - 'Document Schedule')

ACN _____

Total number of members (directors/shareholders) _____
in the Pharmacists' Body Corporate

All directors & shareholders of the Pharmacists' Body Corporate are to complete details.

Pharmacist 1:
Full Name _____ PHA _____
Director Shareholder (please tick)

Do you have an interest in other pharmacies in NSW? Yes
No

Pharmacy Name _____ Registration No. PC _____

Pharmacy Name _____ Registration No. PC _____

Pharmacy Name _____ Registration No. PC _____

Pharmacy Name _____ Registration No. PC _____

Pharmacist 2:

Full Name _____ PHA _____
Director Shareholder (please tick)

Do you have an interest in other pharmacies in NSW? Yes
No

Pharmacy Name _____ Registration No. PC _____

Pharmacy Name _____ Registration No. PC _____

Pharmacy Name _____ Registration No. PC _____

Pharmacy Name _____ Registration No. PC _____

Pharmacist 3:

Full Name _____ PHA _____
Director Shareholder (please tick)

Do you have an interest in other pharmacies in NSW? Yes
No

Pharmacy Name _____ Registration No. PC _____

Pharmacy Name _____ Registration No. PC _____

Pharmacy Name _____ Registration No. PC _____

Pharmacy Name _____ Registration No. PC _____

Pharmacist 4:

Full Name _____ PHA _____
Director Shareholder (please tick)

Do you have an interest in other pharmacies in NSW? Yes
No

Pharmacy Name _____ Registration No. PC _____

Pharmacy Name _____ Registration No. PC _____

Pharmacy Name _____ Registration No. PC _____

Pharmacy Name _____ Registration No. PC _____

Pharmacist 5:
Full Name _____ PHA _____
Director Shareholder (please tick)

Do you have an interest in other pharmacies in NSW? Yes
No

Pharmacy Name _____ Registration No. PC _____

Pharmacy Name _____ Registration No. PC _____

Pharmacy Name _____ Registration No. PC _____

Pharmacy Name _____ Registration No. PC _____

Pharmacist 6:
Full Name _____ PHA _____
Director Shareholder (please tick)

Do you have an interest in other pharmacies in NSW? Yes
No

Pharmacy Name _____ Registration No. PC _____

Pharmacy Name _____ Registration No. PC _____

Pharmacy Name _____ Registration No. PC _____

Pharmacy Name _____ Registration No. PC _____

1.5 Pharmacist appointed to be responsible for compliance with display of owner's name and display of drug prices in accordance with the *Price Information Code of Practice*.

[NB: Only applicable to exempted Body Corporates' and Friendly Societies, see Guide Note 8 - Pre-existing Non Pharmacist Ownership structures]

Full Name _____ PHA _____

1.6 Does the Pharmacists' Body Corporate act as a trustee of any Trust?

Yes
No (Go to 2)

1.7 What is the name of the Trust?

(Trust Deed must be attached, see 8 - 'Document Schedule')

1.8 Who are the beneficiaries/unit holders (if more than one trustee) of the Trust?
(All must hold General Registration)

Pharmacist 1:
Full Name _____ PHA _____

Pharmacist 2:
Full Name _____ PHA _____

Pharmacist 3:
Full Name _____ PHA _____

Pharmacist 4:
Full Name _____ PHA _____

Pharmacist 5:
Full Name _____ PHA _____

Pharmacist 6:
Full Name _____ PHA _____

1.9 The trust deed will be reviewed for compliance with the Law. If the trust is deemed non-compliant and a Trust Certification Checklist and Schedule of Amendments is required, you will incur a fee for the drafting of the Trust Certification Checklist and Schedule of Amendments. The fee will vary according to the complexity of the arrangements and the number of trusts involved and will be in the vicinity of \$2200.00 plus GST per trust deed. [See Guide Note 6 - Trusts]

I/we acknowledge that the Trust deed will be reviewed and may, if deemed non-compliant, require the drafting of the Trust Certification Checklist and Schedule of Amendments. Should this occur, I/we undertake to meet the cost of the drafting of the Trust Certification Checklist and Schedule of Amendments on issue of an invoice from the Council.

Signed on behalf of the Pharmacists' Body Corporate

Please print full name

2. ESTABLISHMENT DETAILS

The Law and the Regulation allows the Council access to relevant documentation for the purchase of a pharmacy. This section requires the disclosure of prescribed documents detailing the financial and other arrangements for the conduct of the pharmacy business.

2.1 Details of Finance/ Contributions

[see Guide Note 9 'Financial Arrangements']

(Loan/Finance Agreement/documentation & Statutory Declaration (if applicable) must be attached, see 8 - 'Document Schedule')

Pharmacist 1:
Personal Contribution* \$ _____

Name of Finance Lender _____ \$ _____

Pharmacist 2:
Personal Contribution* \$ _____

Name of Finance Lender _____ \$ _____

Pharmacist 3:
Personal Contribution* \$ _____

Name of Finance Lender _____ \$ _____

Pharmacist 4:
Personal Contribution* \$ _____

Name of Finance Lender _____ \$ _____

Pharmacist 5:
Personal Contribution* \$ _____

Name of Finance Lender _____ \$ _____

Pharmacist 6:
Personal Contribution* \$ _____

Name of Finance Lender _____ \$ _____

Total Finance \$ _____

*Every pharmacist with a personal contribution must attach a completed Statutory Declaration (Annexure A)
[see Guide Note 9 'Financial Arrangements' for information about completing the Statutory Declaration]

3. DETAILS OF LEASE OF PREMISES

[Lease agreement of premises/transfer of lease document must be attached, see 8 - 'Document Schedule']

- 3.1 Will the pharmacy premises be leased? Yes
No (Go to 3.8)
- 3.2 Is this a new lease? Yes
No
- 3.3 Is this a transfer of an existing lease? Yes
No
- 3.4 Is the lease a sub-lease? Yes
[see Guide Note 10 'Lease of Premises'] No

3.5 Complete the following details:

Head Lessor Name _____

Lessor Name _____
(sub-lease)

Lessee Name(s) _____

3.6 What is the expiry date of this lease? _____

- 3.7 Does the lease have a percentage of turnover clause? Yes
[see Guide Note 10 'Lease of Premises'] No

Note: Any provision or clause in a lease agreement which provides that the lessor is to receive money, or other consideration, that varies according to the turnover of the pharmacy, is **void**.

3.8 Other arrangement or understanding whether formal or informal, whether express or implied (please specify) and attach information explaining the arrangement.

4. PROFESSIONAL SERVICES ROOM

Are you intending to establish a Professional Services Room associated with this pharmacy?
[Professional Service Rooms are approved premises associated with, but separate to, the pharmacy and are limited to preparation and packaging, see Guide Note 13 'Professional Services Room Requirements']

Yes*
No

*If **yes** please also attach an Application for Professional Services Room.

5. SERVICE ENTITIES

5.1 Will a Service Entity be operating in association with this pharmacy?
[See Guide Note 7 'Service Entities']

Yes
No (Go to 6)

5.2 Service Entity name

ABN _____ ACN _____

5.3 What form is this Service Entity?
(e.g. Trust, Service Company etc)

5.4 If a Trust, what is the name of the Trust?

(Copy of Trust Deed is **not** required)

5.5 Is there a Service Agreement?

Yes*
No

(*If **yes** you must attach Service Agreement, see 8- 'Document Schedule', if no, you must attach information explaining the arrangements or understanding, whether formal or informal, whether express or implied)

6. OTHER ARRANGEMENTS

6.1 Franchise / Banner Group

(a) Is this pharmacy to be part of a franchise or banner group?

Yes*
No (Go to 7)

(*If **yes** you must attach Franchise or Banner Group Agreement, see 8 - 'Document Schedule')

(b) Will this arrangement involve a Licence Agreement or Management Services Agreement?

Yes*
No

(*If **yes** you must attach Licence Agreement or Management Services Agreement, see 8 - 'Document Schedule')

7. PHARMACY PREMISES REQUIREMENTS

[See Guide Note 11 - 'Sketch Plan information and Guide Note 12 - Pharmacy Premises Requirements']

7.1 Check list of all equipment

- | | |
|---|---|
| <input type="checkbox"/> Dispensing Balance | <input type="checkbox"/> Heavy Duty Scales |
| <input type="checkbox"/> Funnel | <input type="checkbox"/> Dispensing Measure 200ml |
| <input type="checkbox"/> Mortar and Pestle (2) (<i>at least 1 to be of glass</i>) | <input type="checkbox"/> Dispensing Measure 100ml |
| <input type="checkbox"/> Spatulas (2) | <input type="checkbox"/> Dispensing Measure 10ml |
| <input type="checkbox"/> Tablet Counting Tray | <input type="checkbox"/> Dispensing Measure 5ml |
| <input type="checkbox"/> Ointment Slab | <input type="checkbox"/> Stirring Rod |
| <input type="checkbox"/> Refrigerator suitable for the storage of vaccines | <input type="checkbox"/> Heating facility |
| <input type="checkbox"/> Dispensary Barcode scanner for each dispensing station | |

The Council expects that balances, scales, weights and measures will be stamped as approved under the *National Measurement Act 1960*.

7.2 Latest edition of the following publications:

- Health Practitioner Regulation National Law (NSW)*
- Health Practitioner Regulation (New South Wales) Regulation 2010*
- Poisons and Therapeutic Goods Act 1966 and Regulation*
- Price Information Code of Practice*
- Latest editions and all published amendments or supplements to those editions of the publications listed in the Pharmacy Board of Australia's guidelines on practice specific issues – Guideline 1 (List of reference texts for pharmacists) as amended from time to time

Alternatively it is acceptable for electronic versions of the above publications to be accessible from the pharmacy premises.

7.3 The Regulation requires a minimum size for the dispensary as well as requirements for equipment and access. Please complete the following:

- Dispensary Floor area [square metres] Minimum 8 square metres
Dispensary Bench area [square metres] Minimum 1 square metre

7.4 It is important that a simple sketch pal (1:100) be supplied, either as an attachment, or drawn. If space is insufficient, attach a plan. The items in the Guide Note 11, 'Sketch Plan Information' should be highlighted.

Please ensure the following are marked on the sketch plan:

1. Direct public access
2. Sink with hot and cold running water
3. Confidential counselling area
4. Dispensary barcode scanner(s)

PHARMACY SKETCH PLAN ON THIS PAGE

8. DOCUMENTS REQUIRED

The Law permits the Council to request copies of any documents in support of this application. All relevant documents in the schedule below are to be lodged together with this application.

Any unsigned documentation will not be accepted.

DOCUMENT SCHEDULE

(Please tick)

Document description	Document Attached	Not Applicable
Summary of Ownership Structure	<input type="checkbox"/>	<input type="checkbox"/>
Partnership Agreement	<input type="checkbox"/>	<input type="checkbox"/>
ASIC Certificate of Registration	<input type="checkbox"/>	<input type="checkbox"/>
Current ASIC Company Extract	<input type="checkbox"/>	<input type="checkbox"/>
Shareholders' Agreement	<input type="checkbox"/>	<input type="checkbox"/>
Trust Deed	<input type="checkbox"/>	<input type="checkbox"/>
Loan/Finance Agreement	<input type="checkbox"/>	<input type="checkbox"/>
Statutory Declaration (Annexure A)	<input type="checkbox"/>	<input type="checkbox"/>
Lease agreement of premises/Transfer of lease	<input type="checkbox"/>	<input type="checkbox"/>
Service Agreement	<input type="checkbox"/>	<input type="checkbox"/>
Franchise/Banner Group Agreement	<input type="checkbox"/>	<input type="checkbox"/>
Licence/Management Services Agreement	<input type="checkbox"/>	<input type="checkbox"/>
Any other agreement, arrangement information or details required to be attached to /included with this form	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacy Sketch Plan	<input type="checkbox"/>	<input type="checkbox"/>

9. CONSIDERATION OF APPLICATION, APPROVAL AND INSPECTION BY COUNCIL

[See Guide Note 21 - 'Inspections by the Council']

9.1 The Council is unable to approve any premises that are within or partly within, or connected to, a supermarket and that the public can directly access from within the premises of the supermarket.

All Applications are subject to Council approval. Completed Applications will be considered at the next monthly Council Meeting. The Council Secretariat can be telephoned **after 11am on the day following** the meeting in order to find out the outcome of the application. Correspondence in respect of approvals will be mailed within **10 working days** of the Council Meeting.

Note: Following confirmation of approval, it is the applicant's responsibility to notify Department of Human Services/Medicare Services.

9.2 Any approval by the Council is subject to a satisfactory inspection of premises. The date of registration of the pharmacy is deemed to be the date of satisfactory inspection.

Note: The inspection of premises must occur within 3 months of the lodgement of this application, on a date agreed upon by you and the Council Inspector. It is the responsibility of the applicant to contact the Council Inspector to make the necessary arrangements.

If the premises are not ready for inspection by the agreed date, you must provide the Council Inspector with a **minimum of 48 hours notice**.

On approximately what date can the pharmacy be inspected?

_____ (Please insert date(s))

Who can provide access for the Inspector?

Name _____

Phone (Tel) _____ (Mob) _____

Email _____

9. SIGNATURES AND DECLARATIONS BY ALL PARTIES

ALL PHARMACISTS TO SIGN

The following signatures are a declaration by the pharmacist(s) holding a financial interest in the associated pharmacy that the information provided is correct and complete. The provision of information you know to be incorrect or incomplete may constitute unsatisfactory professional conduct.

If more than six partners / members of a Pharmacists' Body Corporate, please attach a separate schedule.

Pharmacist 1:
Full Name _____ PHA _____

Signature _____ Date _____

Witness:
Full Name _____

Signature _____ Date _____

Pharmacist 2:
Full Name _____ PHA _____

Signature _____ Date _____

Witness:
Full Name _____

Signature _____ Date _____

Pharmacist 3:
Full Name _____ PHA _____

Signature _____ Date _____

Witness:
Full Name _____

Signature _____ Date _____

Pharmacist 4:
Full Name _____ PHA _____

Signature _____ Date _____

Witness:
Full Name _____

Signature _____ Date _____

Pharmacist 5:
Full Name _____ PHA _____

Signature _____ Date _____

Witness:
Full Name _____

Signature _____ Date _____

Pharmacist 6:
Full Name _____ PHA _____

Signature _____ Date _____

Witness:
Full Name _____

Signature _____ Date _____

Application for New Pharmacy Payment

Under Division 81 of the Goods and Services Tax Regulation, the Treasurer has determined that the above application fee is exempt from the Goods and Services Tax (GST).

Application fee: \$480.00 plus \$550.00 for each financial interest

Cheque Made payable to the **Pharmacy Council of New South Wales**
Credit Card Complete details below

Name on the card

Cardholder's signature

Visa MasterCard

Card Number

Expiry date ____ / ____ Amount \$ _____ Date _____

We accept Visa or MasterCard only.

