Pharmacy Council of New South Wales

Protecting the public
Regulating pharmacists and pharmacies

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Application Form

RELOCATION OR EXPANSION/REDUCTION OF PHARMACY PREMISES

Application fee: $480.00

To be completed when an existing pharmacy is relocated to another site, resulting in a new address, or an existing pharmacy is to undergo renovations that will substantially increase or decrease the size of the pharmacy 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 Relocation or Expansion/Reduction of Pharmacy Premises must be lodged with the Pharmacy Council of New South Wales ('the Council') at **least 14 days before** the intended change. 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's website.

EXISTING PHARMACY DETAILS AS ON THE REGISTER

Pharmacy Name _____

Pharmacy Registration No PC _____
[see Guide Note 2 'Definitions - Pharmacy Registration Numbers']

Street Address _____

_____ Postcode _____

Telephone ( ) _____ Facsimile ( ) _____

Email _____

Postal Address _____

_____ Postcode _____

CONTACT FOR THIS APPLICATION

Name _____

Email _____ Tel _____

1. PHARMACY DETAILS TO BE REGISTERED

Is the Pharmacy: Relocating ☐
Expanding in size ☐
Reducing in size ☐

1.1 New Street Address _____

_____ Postcode _____

Telephone ( ) _____ Facsimile ( ) _____

Email _____

Postal Address _____

_____ Postcode _____

1.2 Are you changing the name of the Pharmacy? Yes* ☐
No ☐ (Go to 3)

(*If **yes** you must attach a Certificate of Registration of Business Name, see 8 - 'Document Schedule')

1.3 New name of pharmacy to be registered _____

2. Franchise / Banner Group

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

Yes* ☐
No ☐ (Go to 3)

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

2.2 Will this arrangement involve a Licence Agreement or Management Services Agreement?

Yes* ☐
No ☐

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

Note: Any provision or clause in a licence 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. DETAILS OF LEASE OF PREMISES

(Lease agreement of premises/transfer of lease 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 lease details (of the new or transferred lease):

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 (please specify) _____

_____

4. PROFESSIONAL SERVICES ROOM

4.1 Is there an approved Professional Services Room associated with this pharmacy?
[Professional Services 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 ☐ (Go to 5)

4.2 Is it changing address? Yes* ☐
No ☐

*If **yes** please also attach an application for 'Relocation or Expansion/Reduction of Professional Services Room'

5. SERVICE ENTITIES

5.1 Is there a Service Entity operating in association with this pharmacy? Yes ☐
[See Guide Note 7 'Service Entities'] No ☐ (Go to 6)

5.2 Service entity name _____

ABN _____ ACN _____

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

5.3 If a Trust, what is the name of the Trust? _____
(Copy of Trust Deed is **not** required)

5.4 Is there a Service Agreement? Yes* ☐
No ☐

*If **yes** please attach Service Agreement, see 8 - 'Document Schedule'

6. FINANCE

Will the change to the premises involve refinancing? Yes* ☐
No ☐

*If **yes** please attach Loan/Finance 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

[ ] Dispensing Balance
[ ] Funnel
[ ] Mortar and Pestle (2) (*at least 1 to be of glass*)
[ ] Spatulas (2)
[ ] Tablet Counting Tray
[ ] Ointment Slab
[ ] Refrigerator suitable for the storage of vaccines
[ ] Dispensary Barcode scanner for each dispensing station
[ ] Heavy Duty Scales
[ ] Dispensing Measure 200ml
[ ] Dispensing Measure 100ml
[ ] Dispensing Measure 10ml
[ ] Dispensing Measure 5ml
[ ] Stirring Rod
[ ] Heating facility

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*
[ ] 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
[ ] Price Information Code of Practice.

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 plan (1:100) be supplied, either as an attachment, or drawn. If space is insufficient, attach a plan. The items listed 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
Certificate of Registration of Business Name	☐	☐
Franchise/Banner Group Agreement	☐	☐
Lease agreement/Transfer of Lease agreement	☐	☐
Service Agreement	☐	☐
Loan/Finance Agreement	☐	☐
Any other agreement, arrangement, information or details required to be attached to /included with this form	☐	☐
Pharmacy Sketch Plan	☐	☐

9. CONSIDERATION OF APPLICATION, APPROVAL AND INSPECTION BY COUNCIL

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

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 the Department of Human Service / Medicare Services .

8.1 Any approval given 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 application fee includes a fee for inspection of the premises. 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 with a **minimum of 48 hours notice**.

On approximately what date can the pharmacy premises be inspected?

_____ (Please insert date(s))

Who can provide access for the Inspector?

Name _____

Phone (Tel) _____ (Mob) _____

Email _____

10. CURRENT OWNERSHIP

Ownership: Sole Owner ☐ Partnership ☐ Pharmacists' Body Corporate ☐

Name of Pharmacists' Body Corporate (if applicable) _____

11. 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 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 Relocation or Expansion/ Reduction of Pharmacy Premises Payment

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

Application fee $480.00

Total Fee: **$480.00**

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 ☐ We accept Visa or MasterCard only.

Card Number

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiry date / Amount $480.00 Date _____