

APPLICATION TO STORE DISPENSED PRESCRIPTIONS OFF-SITE

PURPOSE

This form is to be used to apply for Chief Health Officer approval to store dispensed prescriptions offsite under Section 120(h) of Medicines, Poisons and Therapeutic Goods Regulation 2008. You can access the regulation at www.legislation.act.gov.au.

PRIVACY

The collection of personal information is required by this form for the purposes of issuing an approval under the regulation.

The Health Protection Service (HPS) prevents any unreasonable intrusion into a person's privacy in accordance with the *Privacy Act 1988* (Commonwealth).

HEALTH PROTECTION SERVICE CONTACT INFORMATION

Trading Hours: 9.00am – 4.30pm Monday to Friday

Website:

www.health.act.gov.au/hps

General Enquires:

(02) 6205 1700

Email Address:

hps@act.gov.au

Fax Number:

(02) 6205 1705

INSTRUCTIONS FOR COMPLETION & IMPORTANT INFORMATION

- This application form must be signed by the community pharmacy licence holder(s).
- All associated documentation must accompany this application.
- Complete this form using a black or blue pen only.

TRANSLATING AND INTERPRETING SERVICE

A language assistance service is available by phoning the Translating and Interpreting Service (TIS) on 13 14 50.

COMPLETED FORMS TO BE RETURNED

In Person:

Health Protection Service
Howard Florey Centenary House
25 Mulley Street
HOLDER ACT 2611

By Post:

Health Protection Service
Locked Bag 5005
WESTON CREEK ACT 2611

By Fax:

(02) 6205 1705

By Email:

hps@act.gov.au

COMMUNITY PHARMACY LICENCE DETAILS <i>(must be completed)</i>		
LICENCE NUMBER:	FILE NUMBER:	EXPIRY DATE:
TRADING NAME: <i>(As appears on current licence certificate)</i>		

PHARMACY ADDRESS		
ROOM/ SHOP NUMBER/PO BOX:	PROPERTY NAME:	
STREET NAME:		
SUBURB:	STATE:	POSTCODE:

POSTAL ADDRESS		
ROOM/ SHOP NUMBER/PO BOX:	PROPERTY NAME:	
STREET NAME:		
SUBURB:	STATE:	POSTCODE:

CONTACT PERSON <i>(For all enquires or correspondence. MUST be one of the applicants)</i>		
GIVEN NAME:	FAMILY NAME:	
PHONE NUMBER:	MOBILE PHONE:	
AFTER HOURS PHONE:	FAX:	
EMAIL ADDRESS:		
ROOM/ SHOP No/PO BOX:	PROPERTY NAME:	
STREET NAME:		
SUBURB:	STATE:	POSTCODE:

OFFSITE DISPENSED PRESCRIPTION STORAGE ADDRESS		
ROOM/ SHOP NUMBER/PO BOX:	PROPERTY NAME:	
STREET NAME:		
SUBURB:	STATE:	POSTCODE:

SECURITY ARRANGEMENTS FOR OFFSITE PRESCRIPTION STORAGE

Please provide information to demonstrate how the prescriptions are protected from loss (including damage), unauthorised interference or other misuse.

DECLARATION – (Must be completed by all company directors and / or individual owners)

I, the undersigned, understand that if the offsite storage of dispensed prescriptions is approved, the HPS will vary the Community Pharmacy Licence under the Public Health Act 1997 to record that approval, as a licence condition.

I understand my obligations as a licensee under the Public Health Act 1997; I declare that the particulars on this form are true and correct. I declare that I am authorised to supply all the information above; that all the information supplied on this form is true and correct; and that there are necessary records and/or documentation to support this licence application.

I understand my obligations under the Health Records (Privacy and Access) Act 1997; I declare that the dispensed prescriptions will be stored in a manner in which they are protected from loss (including damage), unauthorised interference or other misuse.

I understand that failure to submit all required information and documentation may delay my application and that the provision of false or misleading information may be a criminal offence.

1	Name:	Signature:	Date: / /
2	Name:	Signature:	Date: / /
3	Name:	Signature:	Date: / /
4	Name:	Signature:	Date: / /
5	Name:	Signature:	Date: / /
6	Name:	Signature:	Date: / /

PROPOSED VARIATION TO COMMUNITY PHARMACY LICENCE CONDITION

The HPS will vary the Community Pharmacy Licence under the *Public Health Act 1997* to record the approval of offsite storage of dispensed prescriptions, as a licence condition, as below:

- The pharmacy is authorised under Section 120(h) of Medicines, Poisons and Therapeutic Goods Regulation 2008 to store dispensed prescriptions at [*offsite storage address*].

The applicants have 5 business days after the submission of this application form to comment on the proposed licence condition. Comment(s) on the proposed licence condition can be submitted to hps@act.gov.au.

If no comment is received after 5 business days a decision on the application under section 120(h) of Medicines, Poisons and Therapeutic Goods Regulation 2008 will be made, and if granted, the community pharmacy licence would be amended as proposed.

If comment(s) are received, they will be considered together with the application under section 120(h) of Medicines, Poisons and Therapeutic Goods Regulation 2008 and a decision on both will be communicated in writing.