

# Tasmanian Pharmacy Authority

## Members Expression of Interest Form

Please complete this form and include the form together with the information requested and any other information you consider relevant, in your expression of interest.

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### Functions of the Authority

The functions of the Tasmanian Pharmacy Authority are:

- (a) to administer a scheme of registration of pharmacy business premises
  - (b) to approve the ownership of the interests in pharmacy businesses
  - (c) to ensure that the services that pharmacy businesses provide from pharmacy business premises are of the highest possible standard
  - (d) to prosecute offences against the Pharmacy Control Act 2001 (the Act)
  - (e) to advise the minister on matters relating to this Act
  - (f) such other functions as are imposed on the Authority by this or any other Act or as may be prescribed.
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### Contact Details

Name:

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Address:

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Telephone:

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Mobile:

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Email:

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### Tasmanian Pharmacy Authority Membership Type

Membership category (please tick appropriate):

- Pharmacist
- Consumer representative

# Declaration of Interests

Proposed Appointment

Tasmanian Pharmacy Authority Member

Please answer the following questions by ticking  the reply that applies to your personal circumstances. If you answer “yes” to any question, please provide details in an attachment to this form. Please note that answering “yes” to any question does not necessarily preclude you from being appointed. Your response will be treated as confidential and will only be used for purposes connected with this proposed appointment.

1. Do you have any disclosable criminal convictions?  Yes  No
2. Are you, or have you been, the respondent or defendant in any civil or criminal court action (including as a company director or other office holder)?  Yes  No
3. (a) Have you ever been declared bankrupt, or protected by the *Bankruptcy Act 1966* to the disadvantage of creditors?  
(b) If you are in a partnership, has your partner ever been declared bankrupt?  Yes  No
4. Has any business or commercial enterprise for which you, or if applicable your partner(s), have had responsibility ever gone into receivership or a similar scheme or arrangement?  Yes  No
5. During the last 10 years have you, or if applicable your partner(s), been the subject of a court order in connection with monies owing to another party?  Yes  No
6. Have you ever been summonsed or charged concerning non-payment of tax or outstanding tax debts, investigated for tax evasion or defaults?  Yes  No
7. Have you ever been the subject of a complaint to a professional body which has been substantiated, or is currently under investigation?  Yes  No
8. Have you ever been dismissed from employment because of a discipline or misconduct issue?  Yes  No
9. Do you or your immediate family have any financial interest in any company or business, or are you or your immediate family employed or engaged by any company or business, which might have dealings with, or an interest in the decisions of, the office to which you may be appointed?  Yes  No
10. Is there any other information which could be relevant to your suitability for the proposed appointment?  Yes  No

## Declaration

I (insert full name) \_\_\_\_\_

confirm my interest in above mentioned appointment and advise that to the best of my knowledge my private, business and financial interests, including taxation affairs, would not conflict with my duties or otherwise cause embarrassment to the Government and the business during my term of appointment.

I also undertake to advise the Minister should a situation arise in the future which might cause a conflict of interest with my responsibilities under this appointment.

Signature \_\_\_\_\_

Date   /   /

## Referees

Please provide details of two referees who can comment on your skills and knowledge in relation to the position.

Name:

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Telephone:

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Email:

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Relationship to applicant:

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Name:

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Telephone:

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Email:

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Relationship to applicant:

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## Attachments

Please include the following supporting documentation to your expression of interest:

- Proof of identity (for example a photocopy of your driver's licence)
- Completed Declarations of Interest form.

Please provide your curriculum vitae and any other information that you consider relevant, in respect of the following:

- **Qualifications**
  - **Work experience** (current and previous, voluntary experience)
  - **Areas of expertise or interest** (with respect to the functions of the committee)
  - **Board/committee experience and community involvement** (current or past membership of business, professional or community organisations and positions held)
  - **Statement in support of application.**
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## Directions to Applicants

Interested persons should forward their application in writing to:

**Executive Manager, Legislative Review and Legal Support**  
**Department of Health and Human Services**  
**GPO Box 125**  
**HOBART TAS 7001**

or [kate.tongs@dhhs.tas.gov.au](mailto:kate.tongs@dhhs.tas.gov.au) by 23 May 2018.

The information you provide in your Application is collected for the purpose of making a determination about your suitability for appointment. Your personal information will be used for the primary purpose of assessing your suitability for appointment and may be disclosed to other persons involved in the appointment and selection process. Your basic personal information may be disclosed to other public sector bodies where this is necessary for the efficient storage and use of information. Personal information will be managed in accordance with the *Personal Information Protection Act 2004*.