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PHARMACY No.

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**TASMANIAN PHARMACY AUTHORITY**

VERSION 2024.2

APPLICATION FOR APPROVAL AND REGISTRATION OF A NEW / RELOCATING PHARMACY PREMISES
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This form is to be used if you are proposing to open a **new** pharmacy or to **relocate** an existing pharmacy to a new location. If you are proposing a new name for a relocating pharmacy, you do not need to submit Form PNC, as long as 1.2 below clearly indicates the name change.

There is a charge of 310 Fee Units for this application and registration of a new or relocated pharmacy. The Authority will invoice you for payment.

Completed Form and attachments can be emailed to:
registrar@pharmacyauthority.tas.gov.au

Telephone: 0417 752 348

1 PHARMACY DETAILS – PLEASE INDICATE IF THIS A NEW PHARMACY OR RELOCATION

1.1 **Names of all owners** (persons, entities, body corporates, trusts) **of the pharmacy business** (attach a separate list if there are more than 4 owners)

If the owners do not yet have an Eligibility Certificate, the relevant application(s) must accompany this form. Refer to the Pharmacy Ownership tab on the Authority website. If ownership of a relocating pharmacy is also changing, please submit CO – Change of Ownership For. If in doubt, please contact the Registrar.

NAME	EMAIL

1.2 **Details of existing pharmacy premises (IF RELOCATION) and new pharmacy premises (RELOCATION OR NEW)**

EXISTING PHARMACY DETAILS <i>If applicable</i>	Closing Pharmacy Name:	
	Street Address:	
		P/Code
NEW PHARMACY DETAILS	Proposed New Pharmacy Name <i>(if applicable)</i> :	
	New or relocated pharmacy proposed to commence and change of name <i>(if applicable)</i> to take effect from: _____ / _____ /20_____	
	Street Address:	
		P/Code
Pharmacy Email:		

1.3 Contact details (where all correspondence in relation to this application will be sent)

Name:	
Address:	
	P/Code:
Phone/Mobile:	
Email:	

2. PREMISES DETAILS

2.1 When is it proposed to start building works on the premises? _____ / _____ /20_____

2.2 Building Approval – if this is a new building or major alterations are required:
It is your responsibility to ensure all new or altered building works meet legislative requirements
 Have you obtained the necessary Planning and Building Permits from your local Council **and attached this approval to your application?**

YES

 NO

 Not applicable

2.3 Right of Occupancy of these premises: Owned or Leased or Sub leased* (*Strike out one)
 If leased or under a formal or informal agreement or understanding concerning access to the premises and for the payment of rent or similar, **you must enclose copy of the lease** and any other relevant document or explanation.
 If unavailable, state when documentation will be provided: **Date:** _____ / _____ /20_____

2.4 Is it proposed that these pharmacy premises will be **used for access** to another business?
Eg: A Doctor's surgery

YES

 NO

Provide details of that other business, including type and ownership - attach further documentation, if necessary.

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2.5 Is it proposed that any person will conduct in these premises any form of business or agency **other than a pharmacy?**

YES

 NO

Provide details of that other business, including type and ownership - attach further documentation, if necessary.

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2.6 Will vaccination or immunisation services be provided within the pharmacy premises at any time (even briefly), either by trained pharmacy staff or by a visiting health professional?

YES



NO go to question 2.7

2.6.1 Will the vaccinations/immunisations be provided: (tick all relevant boxes)

	YES	NO
By Staff (including part time or casual employees)		
Pharmacist		
Nurse		
By a Visitor/Third Party Providers (including contractors)		
Pharmacist		
Doctor		
Nurse		
Other (specify)		
Are the services to be offered for a limited time in temporary space ? <i>If from a temporary space, you need to apply each year using Form PV, Application for Approval of a Vaccination Area in a Pharmacy Business Premises</i>		

2.6.2 Will the vaccination area be:

	YES	NO
Private for sound*		
Private in terms of visibility*		
Accessible by disabled clients		
Of sufficient size to have three seats: for the practitioner, the client and a carer; and for the client to lie down if there is an adverse reaction		
Please specify the room's dimensions: _____ x _____ cm		
* If screens are being used , please provide details about their construction and height:		

2.6.3 Will the Vaccination area have:

	YES	NO
A sharps disposal bin		
Medical waste bin		
Hand washing or hand sanitation facilities		
Access to a fridge which is monitored twice daily in accordance with the Strive for 5 requirements		
Room for a client to lie down and have first aid/CPR administered		
Sufficient room for all necessary equipment and records		
Seating nearby, visible from the dispensary, to observe clients after vaccinations		
Security and privacy of any/all client records either stored there or as relevant for the day's bookings		
An anaphylaxis kit		

2.6.4 Is the vaccination room also used for:

	YES	NO
Storage of stocks of scheduled items		
Storage or preparation of Webster packs		

2.7 Is there access for disabled persons?

YES

NO – please attach advice detailing how this will be rectified

3 FLOOR PLAN AND LAYOUT DETAILS (see last page for definition of “dispensary”)

3.1 Enclose a floor plan of the premises, drawn to scale, and which clearly show:

- i) location, dimensions and area of dispensary; (See appendix for definition of dispensary). **Please clearly mark the area you define as the dispensary on the plans, and also show the 4m boundary from that dispensary indicating where Schedule 2 medications will be stored, ensuring clear line of sight from the dispensary.**
- ii) location of areas for storage and display of **Schedule 2 and Schedule 3** medication (which must comply with Poisons Regulation);
- iii) is constructed in a manner which minimises distractions to dispensary processes;
- iv) location, dimensions and area of dispensing benches, including height of benches and height of any screens between the dispensary and trading area;
- v) location of any dispensing robots, clearly noted on the plan. Please advise the make and model of any robots;
- vi) location of stainless steel sink and reticulated hot and cold water;
- vii) locations of Narcotics safe, day safe, refrigerator and heating facilities for the dispensing and compounding of drugs and medicines;
- viii) location(s) of computer equipment, which shows the area of bench space occupied by this equipment;
- ix) location and dimensions of counselling area or room;
- x) location and dimensions of vaccination/immunisation area or room;
- xi) location and dimensions of storeroom(s) or secure unpacking areas;
- xii) location and dimensions of trading area, including counters and gondolas
- xiii) location(s) and dimension(s) of any other rooms or areas, eg office, staffroom, beauty treatment room, ear-piercing room, pregnancy testing room, toilets;
- xiv) location and dimensions of any agencies, eg Post Office, Bank or ATM, Health Insurance, Tattsлото, Credit Union;
- xv) location of doors and windows.

3.2 Enclose a location plan, showing area surrounding the premises, including buildings, roadways, footpaths, walkways, car-park.

4 SECURITY

4.1 Perimeter - Describe how the perimeters of the building are protected from illegal entry.

Doors	
Windows	
Skylights	

4.2 Intrusion Detection

Will an alarm system, fitted with a siren and monitored to a central monitoring station on a 24-hour basis, be installed? YES

Will the system:

	YES	NO
i) comply with the recommendations of your insurer or the police?	<input type="checkbox"/>	<input type="checkbox"/>
ii) be set and tested daily?	<input type="checkbox"/>	<input type="checkbox"/>
iii) be inspected at least annually under contract?	<input type="checkbox"/>	<input type="checkbox"/>
iv) be monitored for line failure?	<input type="checkbox"/>	<input type="checkbox"/>

4.3 Schedule 8 Medicine Storage

A Schedule 8 medicines enclosure that complies with Poisons Regulation 2008 is essential.

How many Schedule 8 medicine enclosures are there? _____

Brand(s) and Model(s) of enclosure(s) installed _____

In-ground or floor enclosure? _____

Weight of floor enclosure ? _____

Are all Schedule 8 medicine enclosures approved by Pharmaceutical Services Branch? YES/NO

Is any floor enclosure glued and bolted to a concrete floor? YES/NO/NA

Is a 'day safe' used? YES/NO

If yes, is there adequate room in the approved medicine enclosure to store all medicines after the business is closed? YES/NO/NA

5. OTHER INTERESTS

5.1 Agreements relating to this pharmacy business

Is there a marketing or buying group, a franchise agreement, labour hire agreement or some form of management support or agreement, whether formal or informal, express or implied, in relation to this pharmacy?

YES NO

Please LIST and describe details of all such franchise agreements, labour hire agreements, service agreements, license agreements, management agreements, support service agreements etc which relate to this pharmacy. The Authority may require copies of these to be submitted as part of its consideration of this application [Pharmacy Control Act s61B(3) and 71D(3).]

5.1 NAME and BRIEF DESCRIPTION of EACH AGREEMENT

5.2 Is any third party, person, trust, entity or company (other than the owners listed in 1.1) entitled to a share of the profits, income or turnover of this pharmacy business?

YES



NO

Please LIST and attach a copy of all documents which formalise this; in the absence of a formal agreement, please attach an explanation of the arrangement.

*Email attachments are preferred; please ensure they are clearly named for ease of identification.
[Pharmacy Control Act s61B(3) and 71D(3).]*

LIST of DOCUMENTS WHICH DETAIL THE SHARING of PROFIT or TURNOVER to ANY PERSON or ENTITY other than the LISTED OWNERS	Attached?

DECLARATION

I / We hereby declare that the information provided in this application and the attached documentation is true and correct, and that I am authorised to make this application on behalf of all the owners.

Please sign below:

Please PRINT your name legibly

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Dated: / /

False Declaration: A person found guilty of making a false or misleading statement is guilty of an offence and is liable to a penalty of up to 100 penalty units (Section 68, Pharmacy Control Act 2001).

Checklist: the following items must be attached to this application.

- Internal layout plans which clearly show **all of the items specified** in Section 3
- A copy of the Council Building Permit
- A location plan (see 3.2)
- Evidence that the safe has been approved by Pharmaceutical Services Branch
- A copy of the building lease or similar documentation if building is not owned (see 2.3)
- Form CO, Change of Ownership and any necessary Applications for Eligibility Certificates and approval of trusts and body corporate structures (*where applicable*)
- Plans to make the premises accessible for people with disabilities *if relevant*
- Copies of all documents relating to profit or turnover payments to a third party (see 5.2)

Appendix - Definition of a Dispensary
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The Authority has adopted the following definition of a dispensary.

The dispensary **sits within** the professional service area of the pharmacy. The professional services area may also include counselling areas, prescriptions in/out counters and where Schedule 2 items are stored.

The dispensary is that part which:

- a) is an area within a pharmacy that a pharmacist reserves for the dispensing or preparation of prescriptions and scheduled medicines; and
- b) is enclosed by walls and/or partitions which ensure privacy for the pharmacist; and
- c) provides an environment where a pharmacist can undertake dispensing and other functions in a safe and professional manner (including measures to control and minimise distractions); and
- d) is an area where schedule 3 and schedule 4 medicines are stored; and
- e) is an area to which the public is denied access; and
- f) is positioned to allow a pharmacist to effectively supervise that part of the pharmacy premises where schedule 2 and unscheduled medicines are kept, sold or supplied; and
- g) is an area where the pharmacist has ready access to required reference materials; and
- h) is an area separate from where items other than medicines are kept or stored; and
- i) is an area in which medicines are stored in a manner which will not promote the sale of a product or to which undue attention would be drawn; and
- j) is separate from the area for unpacking goods.

Advice to applicants

The Authority will consider your application and you will be advised when **approval in principle** has been given to your premises. You will be invoiced at this time for payment of the new premises application registration fee (if you did not make this payment when you lodged your application). The fee is 310 Fee Units.

Please do not hesitate to contact the Registrar if you have any queries.

Please note that approval of alterations by the Tasmanian Pharmacy Authority does not automatically infer s90 approval will be given by ACPA

PERSONAL INFORMATION PROTECTION STATEMENT
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Personal information will be collected from you by the Tasmanian Pharmacy Authority for the purpose of administering the ownership and registration of Tasmanian pharmacy business premises. Your personal information will be used for the primary purpose for which it is collected, and may be disclosed to contractors and agents of the Tasmanian Pharmacy Authority, law enforcement agencies, Medicare Australia, the Australian Health Practitioner Regulation Agency, the Pharmaceutical Services Branch of the Department of Health and Human Services, courts and other organisations authorised to collect it. Your personal information will be managed in accordance with the <i>Personal Information Protection Act 2004</i> . You may access your personal information on request to the Tasmanian Pharmacy Authority. You may be charged a fee for this service.
