



# Application for approval to supply pharmaceutical benefits at particular premises

## Purpose of this form

Complete this form if you are applying for approval to supply pharmaceutical benefits at a particular premises under section 90 of the *National Health Act 1953* in any of the following circumstances:

- expanding or contracting approved pharmacy premises
- relocating an approved pharmacy
- establishing a new pharmacy.

For change of ownership of a pharmacy only applications, use *Application for approval for change of ownership of a pharmacy (not involving relocation)* form (health02pbs) available at [www.health.gov.au/pbsapprovedsuppliers](http://www.health.gov.au/pbsapprovedsuppliers).

Refer to the *Pharmacy Location Rules – Applicant’s Handbook* before completing this form. The applicant’s handbook provides information about the Pharmacy Location Rules and what types of documentation must be attached when submitting this form.

Make sure you have a current copy of the applicant’s handbook. If you do not have a copy:

- go to [www.health.gov.au/ACPA](http://www.health.gov.au/ACPA), or
- call the Australian Community Pharmacy Authority secretariat on **02 6289 2419** (call charges may apply).

## For more information

Go to [www.health.gov.au/pbsapprovedsuppliers](http://www.health.gov.au/pbsapprovedsuppliers).

For assistance completing this form, call **02 6289 2419** (call charges may apply) or email [pbsapprovedsuppliers@health.gov.au](mailto:pbsapprovedsuppliers@health.gov.au) and a departmental officer will contact you.

## Returning your form

Check that all required questions are answered and that the form is signed and dated.

Applications must be lodged through the Health Data Portal [dataportal.health.gov.au](http://dataportal.health.gov.au).

For further information on how to lodge your application visit [www.health.gov.au/pbsapprovedsuppliers](http://www.health.gov.au/pbsapprovedsuppliers). Please do **not** email your application as emailed applications may not be processed.

## Privacy and your personal information

Personal information is protected by law, including the *Privacy Act 1988*.

Personal information is being collected in this form by the Australian Government Department of Health (the Department) for the purposes of assessing your application for approval to supply pharmaceutical benefits at particular premises under section 90 of the *National Health Act 1953* as a result of the expansion or contraction of approved pharmacy premises, the relocation of an approved pharmacy or the establishment of a new pharmacy.

If you do not provide this information, the Department will not be able to assess your application.

You can get more information about the way in which the Department will manage personal information, including our privacy policy, at [www.health.gov.au/pbsapprovedsuppliers/forms-privacy](http://www.health.gov.au/pbsapprovedsuppliers/forms-privacy).

## Pharmacy Location Rules

1 Indicate the Item under which you are applying:

**Expanding or contracting approved pharmacy premises**

Item 121 expansion or contraction

In accordance with section 90 (3AE) of the *National Health Act 1953*, most applications under this Item are not referred to the Australian Community Pharmacy Authority.

OR

**Relocating an approved pharmacy**

Item 122 (within a designated complex)

Item 123 (within the same town – 10 km)

Item 124 (relocation up to 1 km)

Item 125 (relocation between 1–1.5 km)

On the date an application is made, one or more approvals in respect of the existing approved premises described at question 14 must have been in force for at least 5 years. If not, tick the Item under which an exemption is being claimed:

relocating within the same designated complex

relocating within the same town

existing premises being renovated or refurbished

returning to renovated or refurbished premises

exceptional circumstances (e.g. existing premises damaged by fire or flood)

transitional provision (legal right pre 3/10/2018 and application made pre 3/04/2019)

Does this application for a relocation involve a change of ownership? No  Yes

Have you ceased supplying PBS medicines at the existing premises? No  Yes

OR

**Establishing a new pharmacy**

Item 130 (at least 1.5 km)

Item 131 (at least 10 km)

Item 132 (additional pharmacy at least 10 km)

Item 133 (small shopping centre)

Item 134 (large shopping centre – no existing pharmacy)

Item 134A (large shopping centre – additional pharmacy)

Item 135 (large private hospital)

Item 136 (large medical centre)

## Applicant(s) details

- 2** An applicant must be a person registered as a pharmacist by the Pharmacy Board of Australia, a friendly society or other body of persons (whether corporate or unincorporate), able to carry on business as a pharmacist under the law of the relevant state or territory. Registration number is the number issued by the Pharmacy Board of Australia.

### Applicant 1

Dr  Mr  Ms  Other

Family/company name

First given name

Email

Registration number (individual applicant only)

P	H	A																		
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### Applicant 2

Dr  Mr  Ms  Other

Family/company name

First given name

Email

Registration number (individual applicant only)

P	H	A																		
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### Applicant 3

Dr  Mr  Ms  Other

Family/company name

First given name

Email

Registration number (individual applicant only)

P	H	A																		
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### Applicant 4

Dr  Mr  Ms  Other

Family/company name

First given name

Email

Registration number (individual applicant only)

P	H	A																		
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If there are more than 4 applicants, attach a separate sheet with details.

- 3** Is one or more of the applicant(s) named at question 2 a company, friendly society or other body of persons (corporate or unincorporate)?

No  **Go to 5**

Yes  Give details below

**Tick ALL that apply**

Company

Friendly society

Other  Provide details

- 4** Authorised person(s) details

(a) Which applicant is being represented?	
Full name (given names and family name) of person(s) authorised to act on behalf of the above.	Registration number

I/We have attached evidence (e.g. Australian Securities and Investments Commission (ASIC) report) confirming my/our authority to act on behalf of the above.

(b) Which applicant is being represented?	
Full name (given names and family name) of person(s) authorised to act on behalf of the above.	Registration number

I/We have attached evidence (e.g. ASIC report) confirming my/our authority to act on behalf of the above.



If there are more than 2 companies, friendly societies etc, attach a separate sheet with details.

## Contact nominee for this application

You must provide the contact details of either an applicant or other nominated representative who is permitted to act on behalf of the applicant(s) and deal with the Australian Government Department of Health on all matters relating to **this** application.

### 5 Contact nominee's details

Dr  Mr  Ms  Other

Family name

First given name

### 6 Company name

### 7 Postal address

  
  
  
 Postcode

### 8 Daytime phone number

Mobile phone number

Email

Contact nominee's signature

  


## Proposed premises

This section must be completed for all applications.

### 9 Pharmacy business (trading) name

### 10 Address of proposed pharmacy premises

  
  
  
 Postcode

### 11 I/We request approval to supply pharmaceutical benefits at the proposed premises with effect from:

/  /  (anticipated opening date)

If this application is being made under:

- Item 121 (expansion or contraction) or  
Items 122 to 125 (relocations)  **Go to 12**  
Items 130 to 136 (new pharmacy)  **Go to 20**

## Existing approved premises

**Questions 12 to 19 are to be completed by the current owner(s) of the existing approved premises** (complete for expansion or contraction or relocation of an existing pharmacy).

### 12 PBS approval number

### 13 Pharmacy business (trading) name

### 14 Address of pharmacy premises

  
  
  
 Postcode

## Current owner(s)

### 15 All current approved pharmacist(s) or persons acting on behalf of a company, friendly society, or the like must be named.

#### Current owner 1

Family name

First given name

#### Current owner 2

Family name

First given name

#### Current owner 3

Family name

First given name

#### Current owner 4

Family name

First given name



If there are more than 4 current owners, attach a separate sheet with details.

## Current owner(s) contact nominee

**16** Name of a current owner that the Australian Government Department of Health can discuss this application with.

Family name

First given name

**17** Postal address

<input type="text"/>
<input type="text"/>
<input type="text"/>
Postcode

**18** Daytime phone number

Mobile phone number

Email

## Current owner(s) declaration and request

**19** I/We declare that:

- the information provided in this form is complete and correct.

I/We request that:

- my/our approval under section 90 of the *National Health Act 1953* to supply pharmaceutical benefits at the premises described in question 14 be cancelled under section 98 of the *National Health Act 1953* with effect immediately prior to granting an approval to the applicant(s) in respect of the new premises.

I/We understand that:

- giving false or misleading information is a serious offence.

Signature of current owner 1

Date

Signature of current owner 2

Date

Signature of current owner 3

Date

Signature of current owner 4

Date



If there are more than 4 current owners, attach a separate sheet with details.

## Applicant(s) declaration

**20** I/We declare that:

- I/we and/or my/our contact nominee at question 5 have read the *Pharmacy Location Rules – Applicant's Handbook*.
- the documentation needed to satisfy the requirements of the item nominated at question 1, is attached.
- the information provided in this form is complete and correct.

I/We understand that:

- an application made under section 90 of the *National Health Act 1953* for approval to supply pharmaceutical benefits at a particular premises (the proposed premises), comprises this form and all documentation as specified in the *Pharmacy Location Rules – Applicant's Handbook* for the item nominated at question 1.
- the date and time an application is taken to be made is when it is received by the Australian Government Department of Health (i.e. Canberra time).
- information provided by the applicant after the date the application is made will only be considered where the Australian Community Pharmacy Authority has requested the information.
- giving false or misleading information is a serious offence.

Signature of applicant 1

Date

Signature of applicant 2

Date

Signature of applicant 3

Date

Signature of applicant 4

Date



If there are more than 4 applicants, attach a separate sheet with details.