



Application Form

NEW PROFESSIONAL SERVICES ROOM

Application fee: \$550.00

INSTRUCTIONS

When do I use this form? This form is to be lodged with the Pharmacy Council of NSW (the Council) when establishing a new Professional Services Room. Professional Service Rooms are premises associated with but separate to an approved pharmacy and are limited to preparation and packaging.

When do I need to lodge my application? This application must be lodged with the Council at least 14 days before the intended opening date of the proposed new Professional Services Room. Fines apply for failure to notify the Council within the required timeframe.

What does the application fee include? The application fee is \$550. There is no additional fee for inspection of the premises.

Where can I get help in completing my application? 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'). 'The Guide' is available on the Council's website under the 'Resources' tab at <https://www.pharmacycouncil.nsw.gov.au/>. The services of a lawyer, accountant or pharmacy broker may also assist.

How long will it take to approve my application? Only complete and compliant applications will be considered for approval. Please see section 6 of this form 'Consideration of application, approval and inspection by Council' for assessment and approval timeframes. Final approval of the premises is subject to a satisfactory inspection.

NEW PROFESSIONAL SERVICES ROOM DETAILS TO BE REGISTERED

Professional Services Room Street Address

_____ Postcode _____

Name of Associated Pharmacy _____

Associated Pharmacy Registration No _____ PC _____
[see Guide Note 1 'Definitions - Pharmacy Registration Numbers']

CONTACT FOR THIS APPLICATION

Name _____

Email _____ Tel _____

1. DETAILS OF LEASE OF PROFESSIONAL SERVICES ROOM

➤ *Document required: Lease agreement of premises/transfer of lease must be attached.*

1.1 Will the Professional Services Room be leased? Yes
No (Go to 1.8)

1.2 Is this a new lease? Yes
No

1.3 Is this a transfer of an existing lease? Yes
No

1.4 Is the lease a sub-lease? Yes
[see Guide Note 10 'Lease of Premises'] No

1.5 Complete the following lease details (of the new or transferred lease):

Head Lessor Name _____

Lessor Name _____
(sub-lease)

Lessee Name(s) _____

1.6 What is the expiry date of this lease? _____

1.7 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**.

1.8 Other arrangement (please specify) _____

2. FINANCE

Will the establishment of the Professional Services Room involve financing? Yes
No (Go to 3)

2.1 Details of Finance: Borrowed Funds / Personal Contributions
[see Guide Note 9 'Financial Arrangements']

➤ *Document required: Any Loan/Finance Agreement/documentation must be attached.*

Pharmacist 1:
Personal Contribution* \$ _____

Borrowed Funds*	\$ _____
Name of Finance Lender (if applicable)	_____
 Pharmacist 2: Personal Contribution*	\$ _____
Borrowed Funds*	\$ _____
Name of Finance Lender (if applicable)	_____
 Pharmacist 3: Personal Contribution*	\$ _____
Borrowed Funds*	\$ _____
Name of Finance Lender (if applicable)	_____
 Pharmacist 4: Personal Contribution*	\$ _____
Borrowed Funds*	\$ _____
Name of Finance Lender (if applicable)	_____
 Pharmacist 5: Personal Contribution*	\$ _____
Borrowed Funds*	\$ _____
Name of Finance Lender (if applicable)	_____
 Pharmacist 6: Personal Contribution*	\$ _____
Borrowed Funds*	\$ _____
Name of Finance Lender (if applicable)	_____
Total Finance	\$ _____

**Document required: If you are contributing to the cost of finance through your own funds, gifted funds, or borrowed funds where there is no formal loan agreement document, you must attach a statutory declaration outlining the arrangements (see Annexure A).*

See Guide Note 9 'Financial Arrangements' for more information about completing the statutory declaration including who may act as witness to a statutory declaration in NSW.

3. PROFESSIONAL SERVICES ROOM PLAN REQUIREMENTS

[See Guide Note 13 'Professional Services Room Requirements']

➤ *Document required: A Floor Plan complying with the following requirements must be attached*

3.1 Floor plan requirements

A Floor Plan of the premises (professional services room), drawn to an indicated scale must be provided, showing: -

- a) the entire professional services room with the perimeter of the premises highlighted to distinguish the premises from any other areas shown on the plan;
- b) the total area of the premises expressed in square metres.
- c) the dispensary with the perimeter of the dispensary marked to distinguish the dispensary from other areas of the professional services room;
- d) the total area of the dispensary expressed in square metres;

e) Please complete the following:

Dispensary Floor area [square metres] Minimum 8 square metres
Dispensary Bench area [square metres] Minimum 1 square metre

Note: The Regulation requires a minimum size for the dispensary as well as requirements for equipment and access

- f) the layout of the dispensary including:
 - location of dispensing benches;
 - location of benches for general compounding of medicines;
 - location of hot and cold water sink with drainer;
 - location of vaccine refrigerators(s);
 - location of dispensing stations (dispensing computers);
 - location of shelving in the dispensary - including 'rhombic', 'carousel' units and automated robotic delivery machines;
- g) the location of any laboratory area for complex compounding or preparation of sterile/cytotoxic products, including the location of specific equipment such as sink and powder containment cabinet;
- h) the location of other general areas (*eg office, staffroom, storeroom, toilets*).

3.2 Locational plan requirements

[See Guide note 11 - 'Premises Plan Information']

➤ *Document required: A Locational Plan, showing the premises in relation to the surrounding area, and complying with the following requirements, must be attached.*

- a) The Locational Plan should include any adjacent buildings, roadways with name of roadway marked, footpaths, walkways and car parks. If located within a shopping centre, a layout plan of the shopping centre with premises highlighted should be provided;
- b) Entry / exits should be clearly marked

4. PROFESSIONAL SERVICES ROOM REQUIREMENTS

The following checklists must be completed.

4.1 Check list of equipment

Dispensary Barcode scanner for each dispensing station

4.2 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 Professional Services Room.

5. DOCUMENTS REQUIRED

The Law permits the Council to require production of any document considered necessary to assess this application. All relevant documents including any loan /finance agreement or mortgage over the premises, where applicable, must be lodged with this application.

The Council will require the following duly executed documents to support the application at least 14 days before the Professional Services Room intends to commence operation:

1. Finance arrangements – eg. bill of sale, loan offer (loan facility agreement), vendor finance, business security agreement
2. Lease/sub-lease (unless this is a new lease in which case it must be signed by the tenant)
3. Consent to lease/transfer of lease form (executed by the transferor and transferee)

DOCUMENT CHECKLIST

The following checklist should be completed to ensure all relevant documentation is provided at the time of lodging this application.

Incomplete applications, that is, applications with incomplete documentation, or unsigned documentation when signed and executed documentation is required, will not be approved.

Document description	Document Attached	Not Applicable
Lease agreement of premises/Transfer of lease	<input type="checkbox"/>	<input type="checkbox"/>
Loan/Finance Agreement	<input type="checkbox"/>	<input type="checkbox"/>
Statutory Declaration (Annexure A)	<input type="checkbox"/>	<input type="checkbox"/>
Professional Services Room Floor Plan	<input type="checkbox"/>	
Professional Services Room Locational Plan	<input type="checkbox"/>	

Any other agreement, arrangement information or details required to be attached to /included with this form	<input type="checkbox"/>	<input type="checkbox"/>
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6. CONSIDERATION OF APPLICATION, APPROVAL AND INSPECTION BY COUNCIL

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

- 6.1 Approval and registration of the premises is subject to approval of this application by Council followed by a satisfactory inspection of the premises (see also 6.2).

Timeframe for consideration of applications:

Within 2 business days of receipt of your application we will contact you to confirm receipt. Within 10 business days of receipt of your application we will send correspondence either confirming approval (for complete and compliant applications), or notifying you of any outstanding documentation or issues requiring rectification.

What do I do if my application has been refused?

Applications will be considered for refusal if required documentation remains inadequate or outstanding one month after lodgement of the application.

If your application is refused, you may submit a new application or lodge an appeal against the decision in the NSW Civil and Administrative Tribunal (NCAT). See rights of appeal at Guide Note 22 - 'Timetable for registrations and appeals'

- 6.2 Inspection of the premises

Approval of premises by the Council is subject to a satisfactory inspection of the premises. The date of registration of the Professional Services Room is deemed to be the date of satisfactory inspection.

If the premises are not ready for inspection by the agreed date, you must notify the Council Inspector giving a **minimum of 48 hours notice** of the postponement of the inspection.

- 6.2.1 On approximately what date can the Professional Services Room be inspected?

_____ (Please insert date(s))

- 6.2.2 Who can provide access for the Inspector?

Name _____

Phone (Tel) _____ (Mob) _____

Email _____

7. DECLARATION BY PHARMACIST OWNERS / FINANCIAL INTEREST HOLDERS

The following signatures are a declaration by the pharmacist(s) who hold a financial interest in the pharmacy business that the information provided is correct and complete. The provision of information you know to be incorrect or incomplete may constitute unsatisfactory professional conduct.

Signatures must be witnessed.

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 Professional Services Room Payment

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

Application fee: \$550.00

Please complete credit card details below.

Name on the card _____

Cardholder's signature _____

Visa MasterCard We accept Visa or MasterCard only.

Card Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Expiry date ____ / ____

Amount \$550.00

Date _____

