



Application Form

RELOCATION OR EXPANSION/REDUCTION OF PHARMACY PREMISES

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 an existing pharmacy business is relocating to another site, resulting in a new address, or existing pharmacy premises are to undergo renovations that will substantially increase or decrease the size of the premises.

When do I need to lodge my application? This application must be lodged with the Council at least 14 days before the intended change. Fines apply for failure to notify the Council within the required timeframe.

What does the application fee include? The fee is \$550. There is no additional fee for the 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 12 of this form 'Consideration of application, approval and inspection by Council' for assessment and approval timeframes.

EXISTING PHARMACY DETAILS ON THE NSW REGISTER OF PHARMACIES

Pharmacy Name _____

Pharmacy Registration No PC _____
[see Guide Note 2 'Definitions - Pharmacy Registration Numbers']

Street Address _____

_____ Postcode _____

Pharmacy Email _____ Tel _____

Postal Address _____

_____ Postcode _____

CONTACT FOR THIS APPLICATION

Name _____

Email _____ Tel _____

1. PHARMACY DETAILS TO BE REGISTERED

1.1 Is the Pharmacy: Relocating

Expanding in size
Reducing in size

1.2 New Street Address _____

Postcode _____

Telephone () _____ Facsimile () _____

Email _____

Postal Address _____

Postcode _____

1.3 Are you changing the name of the Pharmacy? Yes
No (Go to 2)

1.4 New pharmacy name to be registered _____

➤ *Document required: Certificate of Registration of Business Name must be attached*

2. FRANCHISE / BANNER GROUP

2.1 Is this pharmacy to be part of a franchise or banner group? Yes*
No

➤ **Document required: Franchise or Banner Group Agreement must be attached*

2.2 Will this arrangement involve a Licence Agreement or Management Services Agreement? Yes*
No

➤ **Document required: Licence Agreement or Management Services Agreement must be attached*

Note: Any provision or clause in a licence agreement which provides that the licensor is to receive money, or other consideration, that varies according to the turnover of the pharmacy, is **void**.

3. DETAILS OF LEASE OF PREMISES

3.1 Will the pharmacy premises be leased? Yes
No (Go to 3.8)

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

3.2 Is this a new lease? Yes
No

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

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

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

Head Lessor Name _____

Lessor Name _____
(sub-lease)

Lessee Name(s) _____

3.6 What is the expiry date of this lease? _____

3.7 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**.

3.8 Other arrangement (please specify) _____

4. PROFESSIONAL SERVICES ROOM

4.1 Is there an approved Professional Services Room associated with this pharmacy?
[Professional Services Rooms are approved premises associated with, but separate to, the pharmacy and are limited to preparation and packaging, see Guide Note 13 'Professional Services Room Requirements']

Yes
No (Go to 5)

4.2 Is it changing address? Yes*
No

*If **yes** please also attach an application for 'Relocation or Expansion/Reduction of Professional Services Room'

5. SERVICE ENTITIES

5.1 Is there a Service Entity operating in association with this pharmacy? Yes
[See Guide Note 7 'Service Entities'] No (Go to 6)

5.2 Service entity name _____

ABN _____ ACN _____

What form is this Service Entity? _____
(e.g. Trust, Service Company etc)

5.3 If a Trust, what is the name of the Trust? _____
(Copy of Trust Deed is **not** required)

5.4 Is there a Service Agreement? Yes*
No

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.

7. PREMISES PLAN REQUIREMENTS

[See Guide Note 11 - 'Premises Plan information']

7.1 Floor plan requirements

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

- a) the entire premises of the pharmacy 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 entry/exits clearly marked. Public access points are to be indicated;
- d) the dispensary with the perimeter of the dispensary marked to distinguish the dispensary from other areas of the pharmacy;
- e) the total area of the dispensary expressed in square metres;
- f) **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

- g) 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;
- h) the location of the area or areas for the storage for sale of any Pharmacist Only Medicines (S3 medicines) that must not be accessible to the public. Note: This area may be in the dispensary;
- i) the confidential counselling area with the perimeter of the confidential counselling area marked to distinguish it from other areas of the pharmacy and with privacy arrangements indicated;
- j) 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;

- k) the location of treatment or patient consulting rooms or areas *e.g. treatment/vaccination room, beauty treatment room, ear-piercing room;*
- l) the location of other general areas
(*eg office, staffroom, storeroom, toilets*).

7.2 Locational plan requirements

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

- *Document required: A Locational Plan, showing the premises in relation to the surrounding area, must be provided.*
- 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) The door/entrance providing public access is to be clearly marked.

8. PHARMACY PREMISES REQUIREMENTS

[See Guide Note 12 - Pharmacy Premises Requirements']

The following checklists must be completed.

8.1 Equipment requirements checklist:

- | | |
|---|---|
| <input type="checkbox"/> Dispensing Balance | <input type="checkbox"/> Heavy Duty Scales |
| <input type="checkbox"/> Funnel | <input type="checkbox"/> Dispensing Measure 200ml |
| <input type="checkbox"/> Mortar and Pestle (2) (<i>at least 1 to be of glass</i>) | <input type="checkbox"/> Dispensing Measure 100ml |
| <input type="checkbox"/> Spatulas (2) | <input type="checkbox"/> Dispensing Measure 10ml |
| <input type="checkbox"/> Tablet Counting Tray | <input type="checkbox"/> Dispensing Measure 5ml |
| <input type="checkbox"/> Ointment Slab | <input type="checkbox"/> Stirring Rod |
| <input type="checkbox"/> Refrigerator suitable for the storage of vaccines | <input type="checkbox"/> Heating facility |
| <input type="checkbox"/> Dispensary Barcode scanner for each dispensing station | |

The Council expects that balances, scales, weights and measures will be stamped as approved under the *National Measurement Act 1960*.

8.2 Publications checklist. Latest editions must be available.

- Health Practitioner Regulation National Law (NSW)*
- Health Practitioner Regulation (New South Wales) Regulation 2010*
- Poisons and Therapeutic Goods Act 1966 and Regulation*
- Price Information Code of Practice*
- 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

Alternatively it is acceptable for electronic versions of the above publications to be accessible from the pharmacy premises.

9. 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 pharmacy, 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 intended change:

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

The Council acknowledges that specific documents will not be signed/executed until this application has been approved. The following duly executed documents which may not be available until after settlement of the sale, must be provided within 14 days after acquisition of the interest in the pharmacy business:

- A. Consent to lease/transfer of lease form (executed all parties including the landlord)

DOCUMENT CHECKLIST

The following checklist should be completed to ensure all relevant documentation is provided at the time of lodging the 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
Certificate of Registration of Business Name	<input type="checkbox"/>	<input type="checkbox"/>
Franchise/Banner Group Agreement	<input type="checkbox"/>	<input type="checkbox"/>
Licence Agreement / Management Services Agreement	<input type="checkbox"/>	<input type="checkbox"/>
Lease agreement/Transfer of Lease agreement	<input type="checkbox"/>	<input type="checkbox"/>
Service Agreement	<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"/>
Floor Plan	<input type="checkbox"/>	
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"/>

10. CONSIDERATION OF APPLICATION, APPROVAL AND INSPECTION BY COUNCIL

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

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 10.1 below). The Council is unable to approve any premises that are within or partly within, or connected to, a supermarket, or premises that the public can directly access from within a supermarket.

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, issues requiring rectification or if documentation requires legal review.

What happens if my application requires legal review?

The timeframe for consideration of applications requiring extensive legal review will be determined on a case by case basis. If your application requires a legal review, we will provide you with an approximate timeframe for the review and inform you of any associated costs.

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'

Note: Following confirmation of approval, it is the applicant's responsibility to notify the Department of Human Service / Medicare Services.

10.1 Inspection

Any approval given by the Council is subject to a satisfactory inspection of premises. The date of registration of the pharmacy 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.

On approximately what date can the pharmacy premises be inspected?

_____ (Please insert date(s))

Who can provide access for the Inspector?

Name _____

Phone (Tel) _____ (Mob) _____

Email _____

11. OWNERSHIP DETAILS

Ownership: Sole Owner Partnership Pharmacists' Body Corporate

Name of Pharmacists' Body Corporate (if applicable) _____

12. 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 Relocation or Expansion/ Reduction of Pharmacy Premises Payment

Under Division 81 of the Goods and Services Tax Regulation, the Treasurer has determined that the 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

Expiry date ____ / ____ Amount \$550.00 Date _____