Form VP21

APPLICATION FOR REGISTRATION OF PHARMACY PREMISES

SECTION 44 OF THE PHARMACY REGULATION ACT 2010

Application notes:

i. This form applies only to pharmacy premises registration and does not cover applications from individuals and/or companies seeking a licence to carry on a pharmacy business. You need a separate licence before you may establish a pharmacy business in new premises. You may apply for a licence by lodging an ‘Application for a licence to carry on a pharmacy business’. Forms may be obtained from the Authority’s offices or website: http://www.pharmacy.vic.gov.au

ii. An application fee is required for all applications made using this form. The application fee covers the assessment of the application including a site inspection of the pharmacy premises. The fee does not cover the statutory annual registration fee for pharmacy premises.

iii. This application comprises two parts. Part A requires the applicant to provide details of the proposed premises. Part B requires the applicant to state if the proposed premises will conform to statutory requirements and the Victorian Pharmacy Authority Guidelines. The Authority requires both parts to be completed in full so that the application may be processed in accordance with its delegated approval procedure.

iv. Applications that conform to the Victorian Pharmacy Authority Guidelines may be approved by the Authority’s delegate.

v. Applications that do not conform to the Victorian Pharmacy Authority Guidelines must be determined by the Authority. As far as is practicable the Authority will consider such applications in detail at its meeting in the month after the application is lodged. For example, applications lodged in May will be considered by the Authority at its June meeting.

vi. Applicants who seek a variation to the Victorian Pharmacy Authority Guidelines should attach a written submission demonstrating any special circumstances. For example an answer of “no” to any of the questions in Part B would require such a submission. The submission should demonstrate why your proposal meets or exceeds the intent of the Victorian Pharmacy Authority Guidelines, or if it doesn’t, why the proposal is consistent with safe storage and dispensing and in the community interest. Applicants may request an appointment to attend a meeting of the Authority to discuss the application.

vii. Incomplete applications forms may be returned to the applicant for completion.

viii. Parts of the Pharmacy Regulation Act 2010, the Victorian Pharmacy Authority’s Guidelines and the Drugs, Poisons and Controlled Substances Regulations 2017 have been quoted in the application form. Applicants may view these and related documents at:

Pharmacy Regulation Act 2010

Victorian Pharmacy Authority Guidelines
http://www.pharmacy.vic.gov.au

Drugs, Poisons and Controlled Substances Act 1981

APPLICATION FOR REGISTRATION OF PHARMACY PREMISES
SECTION 44 OF THE PHARMACY REGULATION ACT 2010

PART A APPLICATION DETAILS

1. Name and address of applicant (all correspondence in relation to this application will be sent to this person unless otherwise requested).

Name: ..........................................................................................................................................

Address: ........................................................................................................................................

...........................................................................................................................................

P/Code: ........................................................................................................................................

Phone: .........................................................................................................................................

Fax: .............................................................................................................................................

E-mail: .........................................................................................................................................

2. Address of the pharmacy premises to be registered: (Caution: Medicare may not issue a PBS approval number in respect of these premises unless the address stated on this form exactly matches the address on the application to the ACPA for approval to supply pharmaceutical benefits from the premises).

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P/Code ........................................................................................................................................

3. State the reason for the application:

You require: (Please tick ☑)

☐ Registration of New pharmacy premises (for a new pharmacy business).

☐ Registration of New (relocated) pharmacy premises (relocating an existing pharmacy business to new premises).

☐ Approval of Alterations to existing registered pharmacy premises.

☐ Approval of expansion or contraction of existing registered pharmacy premises (may include other alterations to premises).

☐ Other

If Other please specify:

...........................................................................................................................................

.............................................................................................................................................
4. (a) If *relocating* an existing pharmacy business into new premises, state the address of the *existing* pharmacy premises which will be vacated.


4. (b) If expanding or contracting pharmacy premises, state the address of the existing premises.


5. List the services to be provided from the premises:

*Please tick ✓ as applicable*

- Dispense an extensive range of medicines to the public.
- Supply an extensive range of OTC medicines to the public.
- Complex compounding (Compound and supply novel formulations containing hazardous substances e.g. hormones or other high potency substances).
- Blood testing eg glucose blood tests.
- Disease state monitoring services
- Opioid replacement therapy (aka Methadone program)
- Dispensing and supply of medicines in dose administration aids to clients in residential care facilities eg Nursing Homes. State the number of beds supplied:


- Supply medicines to inpatients of a hospital. State the number of beds supplied:


- Supply clinical services to inpatients of a hospital.

Other (*Please list*)
6. State if any Lease, Planning permit, contract, covenant, or agreement restricts:

- the range of goods that can be sold,
  - YES
  - NO

- the range of services that can be provided,
  - YES
  - NO

- the clientele of the pharmacy business
  - YES
  - NO

If you have answered yes to any part of this question, please attach a copy of the relevant documents.

7. State the approximate date on which it is proposed to commence a pharmacy business in these premises (This question applies to new pharmacy premises only)

/ / 

8. Will the pharmacy premises be freely accessible to persons from other premises where a business other than a pharmacy is conducted? (i.e. will there be a direct entry to the pharmacy from another business)

- YES
- NO

Provide details of that other business, including type and ownership e.g. Medical Clinic.

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9. Will any person other than the licensee conduct any business or activity in these premises? (i.e. will another person carry on another business within the pharmacy premises).

- YES
- NO

State the type of that other business – e.g. Post Office, Bank, Allied Health, Health Insurance, Lottery.

Applicants are required to lodge a separate VP43 form for each other business. VP43 forms are available at: www.pharmacy.vic.gov.au
PLANS

10. Enclose a floor plan of the premises, drawn to specified scale (preferably 1:50, or 1:75, or 1:100), showing:

a. the entire pharmacy premises with the perimeter of the pharmacy highlighted to distinguish the pharmacy from any other areas shown on the plan;

b. the total area of the pharmacy expressed in square metres.

c. the dispensary with the perimeter of the dispensary highlighted to distinguish the dispensary from other areas of the pharmacy;

d. the total area of the dispensary expressed in square metres

e. the perimeter of the Professional Service Area;
   (The area in the public part of the pharmacy used solely for the storing, displaying and selling of products for therapeutic use – also known as the Professional Trading Area)

f. the layout of the dispensary including:
   • location of dispensing benches;
   • location of benches for unpacking and sorting of dispensary orders;
   • location of benches for dispensary clerical and research tasks;
   • location of benches for general compounding of medicines;
   • location of hot and cold water sink with drainer;
   • location of Schedule 8 poisons safe(s),
   • location of drug refrigerators(s);
   • location of dispensing stations (dispensing computers);
   • location of shelving in the dispensary - including ‘rhombic’, ‘carousel’ units and automated robotic delivery machines;
   • location of the area for the storage of dispensed medicines awaiting collection;
   • location and dimensions of any area for the preparation of doses for opioid replacement therapy and the secure storage of ‘in-use’ S8 medicines;
   • location and dimensions of any area for the filling of dose administration aids and the storage of associated dispensed medicines.
   • location of any laboratory area for complex compounding including the location of specific equipment such as a sink and a powder containment cabinet;

 g. location of the area or areas for the storage for sale of any medicines including S3 poisons that SHOULD NOT BE:
   • readily accessible to the public;
   • stored in a way which will promote their sale;
   • stored in a way or in quantity that will draw undue attention to them (This area may be in the dispensary.)

h. location of the areas to be used solely for prescription reception and counselling showing privacy screens and or other privacy features;

i. location of the area that will be used for clerical POS data entry and other general clerical tasks (this area must not be in the dispensary);

j. location of any storeroom(s) and unpacking area(s);
k. location of all other rooms or areas;

   (e.g. Counselling / treatment rooms, sterile/cytotoxic preparation rooms, office, staffroom, beauty treatment room, earpiercing room, pregnancy testing room, toilets)

l. location of any agencies, e.g. Post office, Bank, Health Insurance, Tattslotto, Credit Union;

11. Enclose elevation drawings, drawn to scale, of -

   i) the front of the dispensary; and any other parts of the dispensary that do not have full height walls;

   ii) the prescription reception and counselling area(s);

12. Enclose a locational plan, showing the premises in relation to the surrounding area.

   (Include adjacent buildings, roadways, footpaths, walkways, car parks)

This is the end of Part A. Go to Part B.
PART B STATEMENT OF CONFORMITY

ACCESS TO PHARMACY PREMISES:

Guideline
Pharmacy premises must have at least one doorway opening from the premises to allow members of the public access to the premises from a street, public walkway, mall or public foyer.

Note: For the purpose of the guideline a mall or a public foyer in a multi tenanted building means an area inside the building that is open to the public but is not part of another tenancy or another business.

13. Will the proposed pharmacy have at least one doorway opening from the premises to allow members of the public to enter the pharmacy from a public place such as a street, public walkway, mall or public foyer?

YES  NO

DISPENSARY:

Guideline
The dispensary is a private area dedicated to the dispensing of medicines and the secure storage of patients’ records. Lighting, ventilation and temperature control are essential to maintaining the integrity of the medicines and for personal comfort. The dispensary is to be supplied with hot and cold running water and refrigeration, and provide a sufficient area for equipment and free working space.

14. Will the design of the dispensary or the location of counters or other fixtures in the public area of the pharmacy prevent clients standing at the dispensary (except at designated service points) and distracting the pharmacist or reading private documents that may be on the dispensary bench?

YES  NO

15. Is the dispensary designed in a way that makes it difficult for a person to enter the dispensary without being noticed by the pharmacist on duty?

YES  NO

16. Is the design of the dispensary such that it cannot be used as a thoroughfare to access “back of house” areas?

YES  NO
17. Is the design of the dispensary such that access to medicines stored in the dispensary is restricted to dispensary staff only?

YES  NO

18. Will the dispensary include a specific bench or bench area of at least 0.6 m² for the unpacking and sorting of dispensary orders received?

YES  NO

19. Will the dispensary include a hot and cold water sink with drainer?

YES  NO

20. Will the dispensary include a specific bench or bench area of at least 0.6 m² located near to the sink for the compounding or preparation of medicines and that also provides storage for compounding equipment?

YES  NO

21. Will the dispensary include a specific bench or bench area of at least 0.6 m² for dispensary or clerical and research use?

YES  NO

22. If the pharmacy provides pharmacotherapy to 20 or more persons per day will the dispensary include a specific bench or bench area of at least 0.6m² dedicated to the pharmacotherapy program that is not accessible to the public and provides for the secure storage of “in use” S8 medicines; Or alternatively will the pharmacy include a pharmacotherapy area located away from the dispensary that is air-conditioned; alarmed; fitted with a hot and cold water sink with drainer; fitted with a safe or drug cabinet to store S8 poisons; fitted with lockable storage for client records; and at which arrangements are in place to protect the privacy of pharmacotherapy clients?

YES  NO  N/A

(Tick N/A if < 20 clients/day)
23. If the pharmacy regularly fills dose administration aids (DAAs) for 15 or more persons per week will the dispensary include a specific bench or bench area of at least 1 m² dedicated to the filling of DAAs and an area for the secure storage for dispensed medicines; Or alternatively, Will the pharmacy include an area for the filling of DAAs located away from the dispensary that is air-conditioned, alarmed and that has a ‘patient history look up’ computer terminal, DAA printing equipment, lockable storage for dispensed medicines and access to hand washing facilities?

- YES
- NO
- N/A

(Tick N/A if < 15 DAAs/week)

**DISPENSING STATIONS**

<table>
<thead>
<tr>
<th>Guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td>A dispensary in a pharmacy is to include one dispensing station for each 150 prescriptions or part thereof dispensed on a typical day between 9am and 6pm.</td>
</tr>
<tr>
<td>A dispensing station is to include a dispensing bench of at least 0.6m² (e.g. 1000mm x 600 mm) equipped with a screen, a keyboard, a dedicated scanner, a dedicated printer for labels, a dedicated printer for repeat forms and adequate stationery. Each station must be convenient to a printer that prints Consumer Medicine Information (CMI). The CMI printer may be located at or away from the dispensing station and may service multiple dispensing stations.</td>
</tr>
</tbody>
</table>

If a dispensary assistant is involved with dispensing at a dispensing station, then an additional bench area of a least 0.6m², equipped with a keyboard and screen without label and printing capability, is recommended for the dispensing station. The bench area may be separate from, or an extension of the dispensing bench.

24. Will the dispensary include one dispensing station for each 150 prescriptions or part thereof dispensed on a typical day between 9 am and 6 pm?

- YES
- NO

25. Will each dispensing station include a dispensing bench of at least 0.6 m² (e.g. 1000 mm x 600 mm) equipped with a screen, a keyboard, a dedicated scanner, a dedicated printer for labels, a dedicated printer for repeat forms and adequate stationery?

- YES
- NO

26. Will each dispensing station include or be convenient to a printer that prints Consumer Medicine Information (CMI)? *(The CMI printer may serve multiple dispensing stations).*

- YES
- NO
DISPENSARY SIZE

Guideline
Applications for registration of new pharmacy premises or alterations to existing pharmacy premises should provide a dispensary to be of an area not less than 10 per cent of the total trading area to a maximum required area of 30 m² but not less than 20 m².

Examples: A pharmacy up to 200 m², the dispensary area will be not less than 20 m².
A pharmacy of 300 m² or more, the dispensary area will be not less than 30 m².

In calculating the size of the dispensary:
1. the total trading area is the sum of the areas of the professional trading area and the general trading area;
2. a pharmacotherapy area that is located away from the dispensary may not be included in the calculation of the dispensary size; and
3. a dose administration aid filling area that is located away from the dispensary may not be included in the calculation of the dispensary size.

27. Will the dispensary occupy an area not less than 10 per cent of the total trading area to a maximum required area of 30 m² but not less than 20 m²?

YES
NO

EXTEMPORANEOUS COMPOUNDING

Guideline
The part of the pharmacy dedicated to extemporaneous dispensing of medicines must be suitable, sanitary and adequately equipped for the purpose.

Where the pharmacy operates as a compounding pharmacy or the like, there is to be a dedicated area (a laboratory) separated from other parts of the pharmacy by floor to ceiling walls or partitions and one or more doors. A sink with hot and cold running water is required. The laboratory may be contiguous with other parts of the dispensary or separate from it. In the latter case, the door is to be fitted with a lock.

Equipment should be appropriate to the kinds of medicines and the quantities to be made up, having regard to possible complications arising from scaling up the quantity prepared for one patient.

A powder containment cabinet with HEPA filtered exhaust air is required for operator and environment protection. The cabinet chosen should be suited to the materials and volumes handled. A pre-filter should be fitted and there should be a visual display of air velocity. A risk assessment should be undertaken and expert advice sought before purchase and installation.

Appendix 5 of the Victorian Pharmacy Authority Guidelines has more information about powder containment cabinets.
28. Will there be a dedicated area (a laboratory) separated from other parts of the pharmacy by floor to ceiling walls or partitions and one or more doors.

   YES  NO  N/A

   *(Tick N/A if not undertaking complex compounding)*

29. If the laboratory is located outside of the dispensary will the door be fitted with a lock?

   YES  NO  N/A

   *(Tick N/A if not undertaking complex compounding)*

30. Will the laboratory floor have an impervious covering?

   YES  NO  N/A

   *(Tick N/A if not undertaking complex compounding)*

31. Will the laboratory be fitted with a sink and drainer?

   YES  NO  N/A

   *(Tick N/A if not undertaking complex compounding)*

32. Will the laboratory be equipped with a powder containment cabinet with a pre-filter, HEPA filtered exhaust air, and a visual air-velocity gauge?

   YES  NO  N/A

   *(Tick N/A if not undertaking complex compounding)*

*Refer to the Pharmacy Board of Australia Guidelines on compounding of medicines for a definition of complex compounding.*
COUNSELLING AREA

Guideline
A distinct area (which may be part of the professional service area) is required that permits the pharmacist to discuss any matter with a member of the public on a private and confidential basis. The area must be positioned such that any conversations are out of the hearing of other persons. Care must also be exercised in ensuring that third parties do not see a patient’s medicines, the packaging of which is indicative of the medicines’ identity and potentially its purposes.

Dedicated prescription reception and counselling points fitted with opaque privacy screens that rise to at least 600 mm above the bench to form a booth or that are otherwise arranged or located to provide privacy are required. There should be as many counselling points as there are dispensing stations. They should be designed to encourage routine use for all prescription transactions. A password-protected screen and keyboard is recommended in each.

Note: A dedicated counselling point is not required for dispensing stations situated in an area used to pack dose administration aids and which is dedicated to the dispensing of prescriptions for packing into dose administration aids.

33. Will there be a dedicated prescriptions reception and counselling point for each dispensing station used to dispense prescriptions for clients who attend the pharmacy to collect their medicine?

   YES   NO

34. Will the dedicated prescription reception and counselling points be fitted with opaque privacy screens rising not less than 600 mm above the bench to form a privacy booth or be otherwise arranged or situated to provide privacy?

   YES   NO

PROFESSIONAL SERVICE AREA

Guideline
To reflect the professional nature of a pharmacist’s dealings with the public, a professional service area is required. It is a distinct area distinguished by décor and signs stating professional service area. The area is used solely for the purpose of displaying and storing products for therapeutic use and information about them.

Note: The professional service area should be situated and arranged to allow supervision by the pharmacist(s) on duty.
35. Will there be a professional service area in the public part of the pharmacy?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

36. Will the professional service area be distinguished by décor and signs?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

37. Will the professional service area be used solely for the display and storage of products for therapeutic use and information about them?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>
**DRUG CABINET - SCHEDULE 8 POISONS – STORAGE**

<table>
<thead>
<tr>
<th>Guideline</th>
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</thead>
<tbody>
<tr>
<td>Schedule 8 poisons (Controlled Drugs) are to be stored in accordance with the Drugs, Poisons and Controlled Substances Regulations 2017.</td>
</tr>
<tr>
<td>The increased use of Schedule 8 poisons (including substitution therapies) and bulkier packaging indicate the need for installing safes or lockers that are large enough to store all S8 poisons on hand (taking into account future needs) and to facilitate accurate selection of the medicines from the safe or locker. Unwanted or expired stocks of S8 poisons or identifiable returned stock from the public must be stored securely pending their destruction.</td>
</tr>
<tr>
<td>Specifications about drug safes or lockers are available from locksmiths and safe manufacturers. The safe or locker must meet at least the minimum standards prescribed under the Drugs, Poisons and Controlled Substances Regulations 2017 and installed in accordance with the Regulations to ensure that it cannot be removed easily.</td>
</tr>
<tr>
<td>Bulk quantities of “in use” substitution therapies that are administered to patients attending the pharmacy need to be located so that they are inaccessible to, and preferably out of sight of, the patient.</td>
</tr>
<tr>
<td>Keys to the Schedule 8 poisons safe must not be left on the premises overnight, unless they are stored in a safe of at least equivalent security to the Schedule 8 safe and to which pharmacists have exclusive access. In most cases, this will be a safe fitted with a combination lock or a keypad, the codes to which will be limited to pharmacists.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expert advice received by the Department indicates that the requirement to be securely attached is satisfied by –</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) HARD CORE WALL: The cabinet to be secured by use of four (4) Loxin or Dyna Bolts, each 10mm by 50mm minimum.</td>
</tr>
<tr>
<td>b) STUD AND PLASTER OR HOLLOW BLOCK: The cabinet to be secured by use of four (4) 10mm coach bolts through wall and through 3mm mild steel backing plate. This backing plate must, at minimum, be the same size as the back of the drug cabinet.</td>
</tr>
</tbody>
</table>

**38. Will the dispensary include a safe or drug cabinet for the storage of S8 poisons that facilitates the accurate selection of medicines?**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
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<tbody>
<tr>
<td></td>
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</table>

**39. Will the drug cabinet be attached in accordance with the Drugs, Poisons & Controlled Substances Regulations 2017?**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
CONTROLLED TEMPERATURE STORAGE

Guideline
Pharmacies and pharmacy departments are required to provide facilities in which medicines are stored at temperatures within their recommended temperature range. Temperatures in a pharmacy or pharmacy department should not exceed 25ºC; to this end, thermostatically controlled air conditioning or cooling by other means is necessary unless the premises are so situated or constructed as not to allow this temperature to be exceeded. Air conditioners should be set to maintain temperatures not exceeding 25ºC during periods when the pharmacy is not open for business.

Temperatures may vary considerably between different parts of a refrigerator.

A continuously reading thermometer is required with the sensor (known as a data logger) connected to the computer (or functionally similar arrangements) to alert staff to any malfunction when the premises are unoccupied and provide sufficient information to allow the effect of the malfunction on the integrity of the medicines to be assessed.

Refrigerators used to store medicines should be dedicated to this purpose.

Due regard must be paid to maintaining the integrity of the “cold chain” when stock is received and before it is supplied. It follows that the patient or agent should be informed of the storage conditions both verbally and by labelling.

40. Will all medicine storage areas be serviced by a thermostatically controlled air-conditioner able to maintain storage temperatures not exceeding 25ºC at all times?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

41. Will the dispensary be equipped with a refrigerator dedicated to the storage of medicines?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

42. Will the refrigerator dedicated to the storage of medicines be fitted with a Maximum / Minimum thermometer AND a continuously reading thermometer that is connected to a computer or can be downloaded to a computer (e.g. a data logger)?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>
SECURITY

Guideline
Pharmacies are required to be constructed to prevent, as far as is reasonable, unauthorised access through doors, windows, walls and ceilings.

43. Will an electronic intruder alarm be fitted that conforms to Australian Standard 2201: Intruder Alarm Systems?

YES  NO

44. Will the electronic alarm cover all areas where medicines are kept including the dispensary, Schedule 8 cabinet or safe, rooms used to store dispensed medicine for packing into dose administration aids, the professional service area and storerooms?

YES  NO

45. Will the electronic alarm be control room monitored by central agency on a 24 hours 7 days a week basis?

YES  NO
46. Will the central agency hold a security firm licence?

   YES  NO

47. Will the central agency have facilities that conform to Australian Standard 2201.2 Intruder Alarm Systems – Monitoring Centres Grade 1, 2 or 3?

   YES  NO

48. If the building permit permits, will each perimeter door be fitted with a lock that prevents the door from being opened by hand from the inside when the premises are not lawfully occupied, OR if such locks are not permitted, will other measures be in place to prevent entry through roofs or ceilings such as floor to roof walls or ceiling space alarm sensors?

   YES  NO

49. Will perimeter doors which open to secluded or non-public areas be roller shutters or be constructed of solid core and fitted with heavy gauge metal sheeting or protected by a substantial metal security grille door?

   YES  NO  N/A

50. Will internal doors in the public area of the pharmacy eg beauty rooms be fitted with locks to prevent unauthorised access to the room?

   YES  NO  N/A

51. Will perimeter windows to secluded or non-public areas be fitted with bars or security grilles?

   YES  NO  N/A

52. Will skylights be fitted with bars or security grilles?

   YES  NO  N/A
CASH & WRAP OR CHECKOUT COUNTERS

Pharmacy Regulation Act 2010 Schedule para 9(h):
Adequate arrangements are to be in place to ensure that the identity of a medicine being supplied or dispensed to a client of a pharmacy cannot be known by another person present in the pharmacy who is not a person carrying on the pharmacy business or a member of staff of the business.

53. If payment for prescriptions is collected at a ‘cash and wrap’ or ‘checkout’ counter is the counter arranged to ensure that the identity of a medicine being paid for by the client cannot be known by another client at the counter?

[ ] YES  [ ] NO

POINT OF SALE (POS) DATA ENTRY STATION AND OTHER NON DISPENSARY CLERICAL WORK AREAS

Guideline
POS data entry stations, non-dispensary clerical work areas and staff areas are to be located outside of the dispensary.

54. Will the pharmacy include an area outside the dispensary for non-dispensary clerical work such as POS data entry?

[ ] YES  [ ] NO

55. Will the pharmacy include an area outside the dispensary for non-dispensary staff to store personal belongings and take meal and or tea breaks?

[ ] YES  [ ] NO
**DISPLAY OF NAMES**

**Guideline**

The public is entitled to know the names of the pharmacists with whom they are dealing in a professional capacity.

The name or names of the proprietor of a pharmacy, natural or corporate, must be displayed on a sign placed at all the entrances to the pharmacy where the public has access so as to be clearly visible from the street or public thoroughfare. The font size should be at least 72 points.

The name of the pharmacist who is regularly and usually in charge of the pharmacy or pharmacy department and the name or names of other pharmacists on duty are to be displayed in the professional service area or the place where medicines are usually collected by the public.

*Note:* The name of the pharmacist regularly and usually in charge of the pharmacy (“PRUIC”) should be displayed at all times including times when that person is not in attendance or on duty at the pharmacy. Signage at the pharmacy should indicate if the PRUIC is on duty.

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56. Will the proprietor’s name or names be clearly displayed at all public entrances to the pharmacy?

- YES
- NO

57. Will the name of the pharmacist who is regularly and usually in charge of the pharmacy be clearly displayed in the professional services area of the pharmacy?

- YES
- NO

58. Will the names(s) of all the pharmacist(s) on duty be clearly displayed in the professional services area of the pharmacy?

- YES
- NO
STATUTORY FEE

A statutory application fee is required to accompany this application. See payment details page attached.

DECLARATION OF PHARMACIST*:
To be signed by the licensee of the pharmacy business carried on in the pharmacy premises or by the person who intends to apply for a licence to carry on a pharmacy business in the premises:

I / we hereby declare that the information provided in this application for Registration of Pharmacy Premises is true and correct -

Please sign below:  

Please PRINT your name legibly

Dated:  /      /  

* In the case of a corporation to be signed by the pharmacist director of the corporation.
PAYMENT DETAILS

A fee of $430.00 is required to accompany this application. **The amount of this fee is valid only for applications lodged 1 May 2019 to 30 April 2020.

Payment method (Please tick ☑)

CHEQUE □ Payable to Victorian Pharmacy Authority

MONEY ORDER □

CREDIT CARD (CC) □

VISA OR MASTERCARD ONLY – COMPLETE DETAILS:

VISA or MASTERCARD (Please circle)

Name on credit card ……………………………………………….………………………………….…

Credit Card Number:

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

EXPIRY DATE ☐ ☐ / ☐ ☐ ☐ ☐

CVV ☐ ☐ ☐

Personal information on these forms is collected for the primary purpose of administering the Pharmacy Regulation Act 2010. Personal information will not be disclosed to any other person or agency unless you have given us permission, or we are required or authorised by law. For further information on collection and disclosure of personal information by the Authority, or how to request access or correction to your personal information, please refer to the Authority’s Privacy Collection Notice and Privacy Policy.