



Victorian Pharmacy Authority

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Carlton Vic 3053

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Form VP36

**NOTIFICATION OF COMPLETION OF NEW PHARMACY /
 PHARMACY DEPARTMENT PREMISES and
 PAYMENT OF REGISTRATION FEE**

Complete and lodge this form to obtain Conditional Registration of your new pharmacy premises.

You must have Conditional Registration **BEFORE** you stock the new premises with scheduled medicines and **BEFORE** you open the pharmacy for business.

The Authority will use your form as the basis of its decision to grant or refuse Conditional Registration.

It is an offence under the Pharmacy Regulation Act 2010 to obtain registration of premises by fraud or false representation, or false declaration.

Under the Oaths and Affirmations Act 2018, it is an offence to make a statement in a statutory declaration that the person knows to be untrue. A person who commits that offence can be liable to a maximum penalty: 600 penalty units or imprisonment for 5 years or both.

Personal information on this form is collected for the primary purpose of administering the Act. 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.

Business name and address of premises:

.....

 **P/code**.....

Telephone number..... **Fax number**

Email:

The above-mentioned premises were completed according to the plans, specifications and information contained in the application on:

Please answer all the following questions by writing **“Yes”** or **“No”** in the boxes provided.

		YES/NO
1.	Have the floor, ceiling, walls, windows, and doors been completely constructed and secured?	
2.	Has electricity been connected?	

		YES/NO
3.	Has water been connected?	
4.	Has a dispensary sink been installed, connected to the sewer and supplied with hot and cold running water?	
5.	Has the telephone been connected?	
6.	Has an alarm been installed?	
7.	Is the alarm operational and monitored by a control room on a 24-hour basis?	
8.	Has a Schedule 8 cabinet been installed and fixed in accordance with the requirements of the Drugs, Poisons and Controlled Substances Regulations?	
9.	Has a vaccine or drug refrigerator been installed?	
10.	Are the premises air conditioned to maintain the correct storage temperature for medicines held in stock?	
11.	Are the premises equipped with a reference library which includes the LATEST EDITION of the mandatory reference texts listed in the Pharmacy Board of Australia Guidelines. http://www.pharmacyboard.gov.au/Codes-Guidelines.aspx	
12.	Are the premises equipped with a range of stamped conical measures for the preparation of extemporaneous medicines?	
13.	Are the premises equipped with a mortar and pestle, an ointment slab and spatulas or other suitable blending equipment for the preparation of extemporaneous medicines?	
14.	Are the premises equipped with Class 1 or Class 2 approved scales?	

Questions 15 to 18 to be answered if the pharmacy will undertake specialised compounding (i.e. a compounding pharmacy).

		YES/NO
15.	Is there a dedicated area (a laboratory) for compounding that is separated from other parts of the pharmacy by floor to ceiling walls or partitions and one or more lockable doors?	
16.	Does the laboratory floor have an impervious covering?	
17.	Is the laboratory fitted with a sink and drainer?	
18.	Is the laboratory equipped with a powder containment cabinet with a pre-filter, HEPA filtered exhaust air, and a visual air-velocity gauge?	

Please note registration may not be granted unless you have answered YES to questions 1 to 14 inclusive, AND if undertaking complex compounding, questions 15 to 18.

When do you propose to open these premises for business? _____

STATUTORY DECLARATION

Insert the name, address and occupation of the person making the declaration	I, <div style="text-align: right;">(The name of the licensee or pharmacist regularly and usually in charge)</div> of <div style="text-align: right;">(Address)</div> <div style="text-align: right;">(Address)</div> <div style="text-align: right;">(Occupation)</div>
The matter declared	make the following statutory declaration under the Oaths and Affirmations Act 2018: 1. All the information included in this form is true to the best of my knowledge and is in no way false, inaccurate, or misleading, and I have not omitted any relevant information from this notification; and 2. I am familiar with the requirements of the <i>Pharmacy Regulation Act 2010</i> . I declare that the contents of this statutory declaration are true and correct and I make it knowing that making a statutory declaration that I know to be untrue is an offence.
Signature of person making the declaration	<div style="text-align: right;">(Signature)</div>
Place (City, town or suburb)	Declared at In the state of Victoria
Date	On:
Signature of authorised statutory declaration witness	I am an authorised statutory declaration witness and I sign this document in the presence of the person making the declaration: <div style="text-align: right;">(Signature of Statutory Declaration witness)</div>
Date	On: (Date)
Name, capacity in which authorised person has authority to witness statutory declaration, and address (writing, typing or stamp)	<div style="text-align: right;">(Name)</div> <div style="text-align: center;">(Capacity in which authorised person has authority to witness statutory declaration)</div> <div style="text-align: right;">(Address)</div> <div style="text-align: right;">(Address)</div>
	A person authorised under section 30(2) of the Oaths and Affirmations Act 2018 to witness the signing of a statutory declaration

ANNUAL REGISTRATION FEE PAYMENT

Pro-rata annual registration in accordance with the fee schedule.

Fee Schedule – for the period 1 May 2022 to 30 April 2023

Notification date	Pro-rata registration fee
1 July to 30 September	\$330.00 (full fee)
1 October to 31 December	\$247.50
1 January to 30 March	\$165.00
1 April to 30 June	\$82.50

Please go to the Victorian Pharmacy Authority website www.pharmacy.vic.gov.au to pay the relevant fee under “**Forms/payments**”.

To lodge this notification of completion by email or post, print the receipt and attach it to this form.

Note:

This form will not be processed without the receipt of the application payment.