

Pharmacy Registration Board of Western Australia

Level 4, 130 Stirling Street, Perth WA 6000

Telephone: (08) 9328 4388 Fax: (08) 9328 4399

Email: pharmacyboard@hlbwa.com.au Website: www.pharmacyboardwa.com.au

APPLICATION FOR REGISTRATION OF PREMISES AS A PHARMACY

[SECTION 4 PHARMACY REGULATIONS 2010]

Information for applicants:

1. These forms apply for:
 - Establishing a new pharmacy business
 - Relocating your existing pharmacy business to new premises
 - Purchasing an existing pharmacy business
 - Entering or leaving a pharmacy business
 - Change of name of pharmacy business
 - Alterations/extensions to an existing pharmacy business
2. Please complete applications carefully. Incorrect or incomplete applications may be returned.
3. All decisions relating to applications will be transmitted in writing and only to the applicants named on the forms.

Application Checklist:

	Yes	No	N/A
▪ Application form completed	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Application fee enclosed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Copy of lease enclosed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Floor plan enclosed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Location plan enclosed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Elevation plan enclosed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Copy of partnership agreement enclosed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Finance documentation enclosed (or letter of self funding)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Guarantee documentation enclosed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Quotation from builder/cost to fitout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Copy of any sale agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Copy of business name registration/extract (refer ASIC website)	<input type="checkbox"/>	<input type="checkbox"/>	
▪ Copy of authority to use name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Copy of franchise agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Copy of constitution or memorandum and articles enclosed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Copy of Trust Deed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Copy of Service Agreement enclosed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Copy of ASIC extract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Authority to release information to Medicare Australia and the Department of Health WA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pharmacy Registration Board of Western Australia
**APPLICATION FOR REGISTRATION OF PREMISES AS A
PHARMACY**

[SECTION 4 *PHARMACY REGULATIONS 2010*]

Please print clearly and SEND ORIGINAL TO:

The Registrar
Pharmacy Registration Board of Western Australia
PO Box 8124
PERTH BC 6849

Or, hand deliver to:

The Registrar
Pharmacy Registration Board of Western Australia
Level 4, 130 Stirling Street
PERTH WA 6000

Tel: 9328 4388 Fax: 9328 4399 Email: pharmacyboard@hlbwa.com.au

INSTRUCTIONS TO APPLICANTS:

This application form consists of **SIX** parts. Complete **ONLY** the parts that are relevant to the applicant applying for registration of premises as a pharmacy.

Please answer **ALL** questions – partly completed forms will not be accepted.

PART A: to be completed when the applicant is a registered pharmacist.

PART B: to be completed when the applicant is a partner in a partnership, where every partner is either;

- (a) a pharmacist; or
- (b) a close family member of a partner who is a pharmacist

PART C: to be completed when the applicant is a company registered under the Corporations Act:

- (i) where at least one director is a registered pharmacist; and
- (ii) every director is either a pharmacist or a close family member of a pharmacist who is a director; and
- (iii) where each holder of shares, or of a beneficial or legal interest in shares, in the company is a pharmacist or a close family member of such a pharmacist; and
- (iv) In which a pharmacist is, or pharmacists are, entitled to control the exercise of more than 50% of the voting power
 - a. at meetings of the directors of the company; or
 - b. attached to voting shares issued by the company

PART D: to be completed when the applicant is a company registered under the Corporations Act that:

- (i) is registered or incorporated as a Friendly Society; and
- (ii) provides mutual benefits to its members; and
- (iii) is a non-profit organisation; and
- (iv) has a constitution that provides that the main object of the company is to carry on the business of pharmacy

PART E: to be completed by all applicants.

Fees are payable with this application. See page 16 for schedule of fees. Cheques should be made payable to the *Pharmacy Registration Board of Western Australia*.

Submit the Authority to release information to Medicare and the Department of Health WA with this application.

Additional Requirements

Plans

Applicants must submit floor plans and specifications of the intended premises unless the application is only for a change of ownership or change of pharmacy name.

Please refer to “Guidelines for Plans of Registered Premises” for plan requirements. This form may be downloaded from:

<http://www.pharmacyboardwa.com.au/?n=Main.Guidelines>

Applications must also include confirmation from the architect/owner that the pharmacy safe, securing of the safe and accompanying detection device(s) comply with Appendix M of Poisons Regulations 1965 (copy attached) is also required.

Applications will not be considered where the proposed commencement date is later than six months from the date of the Board’s approval.

Quotation from Builder/Cost to Fitout

When approval is being sought for anything other than change of ownership or change of pharmacy name, a quotation from the builder/contractor on the cost to fit out the premises is required. If self funding these costs, please refer to requirements for “letter of self funding”; otherwise, refer to “finance documentation” requirements, as per below.

Lease documents

A copy of the Head Lease and all lease documents connected to it, down the line to the final fully executed Assignment of Lease or other deed of lease, placing the premises directly within the applicant’s control, must be submitted to the Board **at least 7 clear days prior to the Board meeting at which approval is sought**. If the fully executed lease, as well as any other lease documents connected to it, are not submitted at least 7 clear days prior to the Board meeting at which approval is sought, please provide copies of the executed documents together with drafts (not pro formas) of the final lease.

Please also note the final, fully executed lease should include a clause giving the pharmacist unrestricted access to the premises at all times, in order to be able to dispense emergency prescriptions.

Finance Documentation

When finance is being sought, application to the bank or relevant body should be made early enough to allow receipt of a copy of the fully executed security document, **at least 7 clear days prior to the Board Meeting at which the application is to be considered**.

Guarantee Documentation

When guarantees are being sought from wholesalers or other sources, application should be made early enough to allow receipt of a copy of the fully executed security document, **at least 7 clear days prior to the Board Meeting at which the application is to be considered**.

Letter of Self-Funding

Written confirmation and evidence must be submitted at the time of applying for pharmacy registration, if the venture is being funded in whole or in part from the applicant/s own resources. Evidence includes copies of bank statement and/or letter from the bank manager confirming sufficient funds available for the venture.

Sale Agreement

If the application results from a change of ownership, a copy of any sale agreement for the premises or the pharmacy must be provided. This also includes changing ownership from an individual/partnership to a Company/Trust.

Change of Ownership

Please refer to Section 4.1.4 of the Board’s *Guidelines*, which states: “the public is entitled to know the names of the pharmacists with whom they are dealing in a professional capacity.” Accordingly, when there is a change of ownership, signage showing the new owners of the premises, natural or corporate as the case may be, must be displayed at all entries accessed by the public so as to be clearly visible.

For Your Information

The Board has the following understanding of other requirements. Applicants should confirm these details direct with these parties.

Pharmaceutical Benefits Branch of Medicare Australia Requirements

Submit an "Application for Approval as a Pharmacist" form (**Section 90 National Health Act, 1953**) to:

**Pharmaceutical Benefits Branch
Medicare Australia
GPO Box 9826
Perth WA 6001**

Application forms are available by telephoning 132290. No fee is payable.

The Pharmaceutical Services Branch of Medicare Australia will not issue an NHS Approval until it has received your application, a Revocation Form from the vendor, and been informed by the Pharmacy Registration Board of Western Australia of the registration number allocated by that body to the subject pharmacy.

Department of Health (Western Australia) Requirements

Submit an application for "Pharmaceutical Chemist's Licence to sell poisons"

To:

**Pharmaceutical Services Branch
PO Box 8172
Perth Business Centre
WA 6849**

Application forms are also available on the website or by telephone (08) 9222 6883, Email poisons@health.wa.gov.au or website www.health.wa.gov.au/pharmacy

It is **important** to note that the Department takes **five working days** to issue a licence after the Board has approved the application for registration.

Worksafe Western Australia and Business Names Requirements

Remember that you may have other obligations. Contact **Worksafe Western Australia** on 9327 8846 regarding health and safety in the workplace, (it is a requirement of the Occupational Safety and Health Act 1984 and Occupational Safety and Health Regulations 1996, that you have a copy of these publications available to your employees). **Registration of Business Names** can be done online at www.asic.gov.au/businessnames.

This document is not intended in any way to replace or paraphrase any Act or Regulation. The onus of meeting the obligations imposed upon all pharmacists under the various Acts and Regulations falls on the pharmacists concerned.

APPLICATION FORM

GENERAL

Indicate the reason for the application

- Establish a new pharmacy
- Relocate your existing pharmacy business to a new premise
- Purchase existing pharmacy business
- Change name of existing pharmacy business
- Alterations/extensions of existing approved pharmacy business
- Change of partners

PERSONS CARRYING ON THE PHARMACY BUSINESS

Section 54 of the Act provides that only registered pharmacists, pharmacy controlled companies, pharmacy controlled trusts, or partnerships of any combination of these may carry on a pharmacy business at a registered pharmacy premises.

Please indicate the person who will carry on the pharmacy business at the registered pharmacy premises:

- Registered pharmacist (Complete Part A and E)
- Partnership of registered pharmacists (Complete Part B and E)
- Partnership of company(s)/trust(s) (Complete Part B, C and E)
- Partnership of registered pharmacist(s) and company(s)/trust(s) (Complete Part B, C and E)
- Company/Trust (Complete Part C and E)
- Friendly Society [Complete Part D and E)

PART A

To be completed when the applicant applying for approval is a registered pharmacist.

1.1 Name, registered address and registration number of applicant:

Name:

Registration No:

Address:

P/Code

1.2 Address of the premises at which the pharmacy business is to be carried on:

Address:

P/Code

PART B

To be completed when the applicant(s) applying for approval is a partnership of registered pharmacists, a partnership of company(s)/trust(s), or a partnership of registered pharmacist(s) and company(s)/trust(s)

1.1 Name, registered address and registration number of each applicant (partner):

Name: _____ Registration No: _____

Address: _____

_____ P/Code _____

Name: _____ Registration No: _____

Address: _____

_____ P/Code _____

Name: _____ Registration No: _____

Address: _____

_____ P/Code _____

(Attach a complete separate list if more than 3 Partners)

1.2 Address of the premises at which the pharmacy business is to be carried on:

Address: _____

_____ P/Code _____

1.3 Attach a copy of any partnership agreement

PART C

To be completed when the applicant(s) is a company registered under the Corporation Act:

- (i) Where at least one director is a registered pharmacist; and
- (ii) Every director is either a pharmacist or a close family member of a pharmacist who is a director; and
- (iii) Where each holder of shares, or of a beneficial or legal interest in shares, in the company is a pharmacist or a close family member of such a pharmacist; and
- (iv) In which a pharmacist is, or pharmacists are, entitled to control the exercise of more than 50% of the voting power
 - a. At meetings of the directors or the company; or
 - b. Attached to voting shares issued by the company

1.1 Name of company and address of registered office:

Name of company:

Address of registered office:

1.2 Number of shares issued:

(attach a copy of the Company's Constitution or Memorandum of Articles)

1.3 Name, address and pharmacist registration number of all directors:

Name:

Registration No:

Address:

Name:

Registration No:

Address:

Name:

Registration No:

Address:

(Attach a complete separate list if more than 3 Directors)

APPLICATION PART C (Continued)

1.4 Name, address and pharmacist registration number of all persons (including directors where applicable) who hold or have a beneficial interest in shares and state the number of shares held.

Name:	Registration No:
<hr/>	
Address:	
<hr/>	
	No of shares:
<hr/>	
Name:	Registration No:
<hr/>	
Address:	
<hr/>	
	No of shares
<hr/>	
Name:	Registration No:
<hr/>	
Address:	
<hr/>	
<hr/>	
Name:	Registration No:
<hr/>	
Address:	
<hr/>	
	No of shares:

(Attach a complete separate list if more than 3 Shareholders)

1.5 Attach a copy of an ASIC Company Extract.

1.6 Address of the premises at which the pharmacy business is to be carried on:

<hr/>
<hr/>
P/Code
<hr/>

PART D

To be completed when the applicant is a company registered under the Corporations Act that:

- (i) is registered or incorporated as a Friendly Society; and
- (ii) provides mutual benefits to its members; and
- (iii) is a non-profit organisation; and
- (iv) has a constitution that provides that the main object of the company is to carry on the business of pharmacy

1.1 Name of company and address of registered office:

Name of company:

Address of registered office:

1.2 Name, address and pharmacist registration number of all Directors:

Name:

Registration No:

Address:

Name:

Registration No:

Address:

Name:

Registration No:

Address:

(Attach a complete separate list if more than 3 Directors)

1.3 Attach a copy of an ASIC Company Extract.

1.4 Attach a copy of the company's Constitution or Memorandum of Articles.

- (i) List the clauses that give the members equal voting rights at a poll or at a meeting.
- (ii) List the clauses that give the members equal voting rights to elect a representative to vote on their behalf.
- (iii) List the clauses that state that the main object of the company is to carry on the business of a pharmacy.

PART D (Continued)

1.5 Attach a statement or other evidence to demonstrate that:

- a) The company is not carrying on business for the dominant purpose of securing a profit or pecuniary gain for its members; and
- b) Any object or intention of the company is to provide a dividend to its shareholders or members is a limited and not dominant purpose of the company; and
- c) The property and income of the company is applied towards the objects of the company.

1.6 Address of the premises at which the pharmacy business is to be carried on:

P/Code

PART E

1.1 If *relocating* a pharmacy business from existing premises, state the address of the *existing* premises at which the business is carried on:

Address:

P/Code

1.2 Business name under which pharmacy is to be conducted:

Business name:

A “Business Name Extract”, obtained from ASIC (1300 300 630) is required as proof of business name ownership.

If a marketing or buying group (such as Amcal, Nightingales, Soul Pattinson, etc) is involved, submit a copy of the agreement permitting you to use their name.

1.3 Intended *Opening / *Settlement / *Effective Date: (This date must coincide with that from which NHS approval is sought)

1.4 List all other persons, registered companies or other entities other than the applicant, partners or shareholders (as the case may be) listed in Part A to Part D (as appropriate) that will have a proprietary interest in the pharmacy business. (*‘Proprietary interest’ means a legal or beneficial interest and includes a proprietary interest as a sole proprietor, as a partner, as a director, member or shareholder of a company and as a trustee or beneficiary of a trust*). (IF NONE WRITE “NONE”).

Attach a copy of any agreement between persons who have a proprietary interest.

Name:

Registration No:

Address:

Name:

Registration No:

Address:

Name:

Registration No:

Address:

(Attach separate list if more space is required).

PART E (Continued)

1.5 List the business or trading name and address of every other pharmacy business that you own or in which you have a proprietary interest. ('Proprietary interest' means a legal or beneficial interest and includes a proprietary interest as sole proprietor, partner, director, member or shareholder of a company and as a trustee or beneficiary of a trust. (IF NONE WRITE "NONE"))

P/Code

P/Code

P/Code

P/Code

**1.6 List the name and address of all companies and persons with whom you intend to enter into a Service Agreement that relates to the carrying on of the pharmacy business eg marketing or management companies.
(IF NONE WRITE "NONE").**

P/Code

P/Code

Attach a copy of each Service Agreement. (If you are unable to attach a copy of the Service Agreement state why and when it will be forwarded).

1.7 Will a Trust operate in association with the pharmacy business?

Write YES or NO

If YES:

State the name of each Trust and attach a copy of the Trust Deed, ensuring beneficiaries are listed as per the Board's guidelines.

PART E (Continued)

1.8 The Pharmacy Area (strike out the inapplicable paragraphs)

- a) is a self-contained unit physically separated from and having no direct access to any other professional or business premises and having its own entrance to a street or public thoroughfare;
- b) on the 1st July, 1965 was operating as a pharmacy or was in an advanced stage of construction as a pharmacy and is physically separated from but has direct access to other professional or business premises and has its own separate entrance to a street or public thoroughfare; or
- c) on the 1st July, 1965 was operating as a pharmacy or was in an advanced stage of construction as a pharmacy and is portion of larger premises, not being physically separated from other professional or business activities and is clearly defined and identified.

1.9 With the exception of items listed below or on accompanying sheet, the dispensary is provided with the basic schedule of equipment and reference books and meets the requirements of Schedule 1 of the Pharmacy Regulations 2010:

1.10 If the applicant is other than an individual who will have overall responsibility for the pharmacy business, please provide the following details of the pharmacist who will have this responsibility (in the case of a company or partnership, this should not be left blank):

Name: _____

Residential Address: _____

Date of Commencement of Appointment: _____

(Note: please also provide evidence that the pharmacist has agreed to the appointment. Evidence should be in the form of an appointment letter signed by the appointee).

1.11 If changing the name of the pharmacy premises, state the current name of the pharmacy premises:

1.12 Are the premises to be approved to supply pharmaceutical benefits on the proposed day of opening/settlement/effective date?

Write YES or NO _____

DECLARATION

(The name of the pharmacist applying)

I,

_____ (address)

of

_____ Postcode:

Do hereby declare:

- (i) that **all** of the information included in this application is true to the best of my knowledge and is in no way false, inaccurate or misleading, and in particular I have not omitted any relevant information from my answers to questions 1.4, 1.5 and 1.9 and
- (ii) I am familiar with the Pharmacy Act 2010, and I will take all reasonable steps to maintain the premises and conduct the pharmacy business in accordance with that Act.

Note: The Board may require you to provide additional documentation.

Signature of person making the declaration.

Date

CONTACT DETAILS

(where you would like all correspondence in relation to this application to be sent)

Name:

Address:

Postcode:

Phone/Mobile:

Email:

Please be aware that in accordance with Section 64(1)(b) of the Pharmacy Act 2010 it is an offence to provide false or misleading information in respect of this application. Penalty \$24,000 or imprisonment for 2 years.

STATUTORY FEES

The following fees apply, effective 1 July 2012:

Grant of registration of premises as a pharmacy (includes change of ownership, relocation & new pharmacy):	\$850
Significant alterations to a pharmacy:	\$500
Change of pharmacy name:	\$30

Please note if you are applying for multiple changes, then only the highest fee will apply.

PAYMENT DETAILS

CHEQUE or MONEY ORDER payable to **Pharmacy Registration Board of Western Australia**

CREDIT CARD (CC) - VISA OR MASTERCARD ONLY – COMPLETE DETAILS:

VISA or MASTERCARD (Please circle)

Credit Card Number:

EXPIRY DATE /

3 DIGIT SECURITY CODE AT BACK OF CARD

Amount Paid: \$ _____

This fee is exempt from GST (Division 81)

Name on Credit Card:

.....

.....
SIGNATURE OF CREDIT CARD HOLDER

Appendix M

[Regulations 56 (1) and (2)]

Safes and additional security for storing drugs of addiction

1. Safes

A safe for the storage of a drug of addiction shall be either —

(a) a free-standing safe as follows —

(i) weighing at least 500 kilograms, but if the weight is less than 1 tonne, then the safe shall be securely bolted through a concrete floor by a person who is licensed under the *Security Agents Act 1976*⁴ as a security agent or guard to install safes;

(ii) lockable by means of either a key or a combination lock

(iii) having a steel plate door at least 12 millimetres thick, with at least 2 locking bolts that are at least 25 millimetres thick; and

(iv) having the manufacturer's recommendation that items with a total value of at least \$30,000 stored in the safe be eligible for insurance cover;

or

(b) an under-floor safe as follows —

(i) embedded in concrete by a person who is licensed under the *Security Agents Act 1976*⁵ as a security agent or guard to install safes;

(ii) lockable by means of a combination lock;

(iii) having a heavy cast, high tensile steel lid that is secured at least 25 millimetres below a steel top plate; and

(iv) having the manufacturer's recommendation that items with a total value of at least \$30,000 stored in the safe be eligible for insurance cover.

2. Additional security requirements

- (1) A drug or drugs of addiction in an amount greater than the amount prescribed by regulation 56A shall be protected by a detection device complying with the Australian Standard having the designation AS 2201.3 and entitled "Intruder alarm systems Part 3: Detection devices for internal use" published by the Standards Association of Australia including any amendment thereto made before the commencement of the *Poisons Amendment Regulations (No. 2) 1993*.
- (2) The detection device shall be able to detect the presence of a person who interferes, or attempts to interfere, with —
 - (a) the safe in which the poison is, or poisons are, stored;
 - (b) the detection device; or
 - (c) the device's alarm control panel.
- (3) the detection device and its alarm control panel shall be —
 - (a) monitored by a dedicated direct line; and
 - (b) installed in compliance with the Australian Standard having the designation AS 2201.1 – 1986 and entitled "Intruder alarm systems Part 1: Systems installed in client's premises", and by a person who is licensed under Security Agents Act 1976 as a security agent or guard to install that kind of device and alarm control panel.

[Appendix M inserted in Gazette 25 Jun 1993 p. 3084-5; amended in Gazette 24 Jun 1994 p. 2870; 19 Mar 1996 p. 1239.]

