

# PHARMACY REGULATION AUTHORITY SA

ABN 96 624 565 034

## General Manager

**Peter Halstead** BPharm, GAICD, AACP, MPS

4/12-20 Bagot Street

NORTH ADELAIDE SA 5006

Phone: (08) 8267 6218

Web: [www.pharmacyauthority.sa.gov.au](http://www.pharmacyauthority.sa.gov.au)

## APPLICATION TO REGISTER A PHARMACY DEPOT

### *Health Practitioner Regulation National Law (South Australia) Act 2010*

The Pharmacy Regulation Authority SA is required under section 40(1)(b) of the *Health Practitioner Regulation National Law (South Australia) 2010* to maintain a register of pharmacy depots.

**Pharmacy depot registration remains in force until 30 September next ensuing after the grant of registration upon which time it will be reviewed.**

## 1 PHARMACY DEPOT DETAILS

### 1.1 Pharmacist applicant

(all correspondence in relation to this application will be sent to this person unless otherwise requested).

Name \_\_\_\_\_

Pharmacy Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

### 1.2 Pharmacy depot name

\_\_\_\_\_

### 1.3 Address of pharmacy depot

\_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

### 1.4 Pharmacy depot contact details

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

### 1.5 Date of proposed change to the register of pharmacy depots

## 2. PHARMACY DEPOT PREMISES STATEMENT

- |     |   |  |
|-----|---|--|
| 2.1 | Are prescriptions for drugs or medicines left at the pharmacy depot for dispensing by a pharmacist; or for collection after dispensing by a pharmacist? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2.2 | Is the pharmacy depot to be located outside of Metropolitan Adelaide#?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2.3 | Does the pharmacy depot have provision for temperature control of therapeutic goods and health care products?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2.4 | Does the pharmacy depot contain adequate provision for the safe, secure and hygienic storage of therapeutic goods and health care products?             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2.5 | Does the pharmacy depot contain adequate provision for the safe and secure storage of confidential and sensitive information?                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you answered '**No**' to any of the above questions, please provide further written details and documentation as necessary.

# 'Metropolitan Adelaide' is a geographic area legally defined by a declaration by the Minister responsible for planning and development matters (under section 4 of the *Development Act 1993*). In very general terms, the boundary for metropolitan Adelaide is located:

North: north of the Town of Gawler.

South: near Sellicks beach (in the City of Onkaparinga).

East: through the Adelaide Hills, east of the towns of Bridgewater and One Tree Hill.

West: Along the coast, three (3) nautical miles seaward of the low water mark.

## 3 FLOOR PLAN, ELEVATION DRAWINGS, SECURITY

- 3.1 Enclose a floor plan of the premises, drawn to scale, and provide specifications clearly showing
  - 3.1.1 location of refrigerator(s) utilised for the storage of drugs and medicines
  - 3.1.2 location(s) of air conditioner
  - 3.1.3 location set aside for dispensed medicines awaiting collection
  - 3.1.4 location of devices utilised for the protection of patient confidentiality, such as shredders.

**4 Declaration**

I apply for the following changes to the pharmacy depot register and solemnly and sincerely declare that:

- the statements made in this application are true and correct in every particular to the best of my knowledge and belief
- I have developed and submitted a copy of the pharmacy depot's procedure manual, and depot staff have been provided with relevant training
- I am authorised to make the following declaration and

I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the *Oaths Act 1936*.

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Name Signature Date

Declared at .....

this ..... day of ..... 20.....

Witnessed before me ..... (see below)

**Delete whichever is not applicable:**

- A Justice of the Peace
- A Notary Public
- A Commissioner for Taking Affidavits (*includes solicitors on the role of Practitioners of the Supreme Court*)
- \* A Proclaimed Member of the Police Force

\* If attested by a Proclaimed Police Officer, please include name of town or place where stationed.

## 5 Payment

The application to register a pharmacy depot is \$235.00.

**Amount Payable** (tick appropriate)

This fee is exempt from GST(Division 81)

- [ ]        \$235.00        Pharmacy depot re-registration  
[ ]        \$235.00        New or relocated pharmacy depot

### A receipt will be posted to your mailing address

Tick payment type:

- Cash (in person)     Cheque     Eftpos (in person )  
 Visa                 Mastercard    **(no other cards accepted)**

Credit Card Number

Card Expiry

/

Name on Card

Signature of Cardholder

Date