

PHARMACY REGULATION AUTHORITY SA

ABN 96 624 565 034

General Manager

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FORM A

NOTIFICATION OF CHANGES TO THE PHARMACY PREMISES REGISTER

Health Practitioner Regulation National Law (South Australia) Act 2010

The Pharmacy Regulation Authority SA ('PRASA') is established under the *Health Practitioner Regulation National Law (South Australia) Act 2010* ('the Act') and is tasked with protection of the health and safety of the South Australian public through the achievement and maintenance of high professional standards in the provision of pharmacy services in this state.

This form is intended for use where approval of a new pharmacy premises or changes to an existing approved pharmacy premises is sought.

PRASA requires documentary evidence that the proposed ownership complies with the requirements of the Act. Applicants should familiarise themselves with the Act, the *Health Practitioner Regulation National Law (South Australia) Regulations 2010* ('the Regulations') and PRASA's 'Guidelines for the operation of pharmacy premises by pharmacy services providers' (as updated from time to time) prior to completing this Form, or obtain independent legal advice in relation to their respective obligations.

A 'Pharmacy Premises Application Document Checklist' is available at PRASA's website (www.pharmacyauthority.sa.gov.au) to assist you in identifying and providing the appropriate supporting documentation. Please note that the list is not exhaustive, and you should familiarise yourself with your obligations under the Act and or obtain independent legal advice in relation to your obligations under the Act.

1 PHARMACY PREMISES DETAILS

Name and Address of applicant

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

Name: _____

Address: _____

Landline: _____

Mobile: _____

Email: _____

Existing PRASA Pharmacy Premises Registration Number (if relevant) P _____

Pharmacy business name

Address of the premises at which the pharmacy business is to be conducted

Address: _____

_____ State: _____ Postcode: _____

Pharmacy business contact details

Landline: _____ Facsimile: _____

Mobile: _____

Email: _____

2 APPLICATION DETAILS

Indicate the reason for the application (tick as appropriate)

- New pharmacy premise
- Relocation of existing pharmacy premises
- Alterations to existing approved pharmacy premises
- Purchase of existing pharmacy business
- Change of partners/directors*/trustees* in an existing approved pharmacy premises
- Change in recognised corporate/trustee pharmacy services provider* in an existing approved pharmacy premises with an application provided for each corporate/trustee pharmacy services provider making application for approval

* 'Form B: Information to be provided by a Corporate/Trustee Pharmacy Services Provider' should also be completed where any changes involve a recognised corporate/trustee pharmacy services provider.

Date of proposed changes for the pharmacy premises (if applicable):

_____/_____/_____

If relocating a pharmacy business from existing premises, state the address where the existing business is currently carried on:

Address: _____

_____ State: _____ Postcode: _____

Attach a copy of any relevant sale agreement documentation if purchasing an existing pharmacy business, or a partnership in an existing pharmacy business.

(See ATTACHMENT A: 1. Pharmacy Sale Agreement, Contract of Sale or Bill of Sale)

Statement by Pharmacy Services Provider(s) selling an existing pharmacy business, or a partnership in an existing pharmacy business (if applicable):

I/We/Registered pharmacy services provider hereby agree to this application for change of pharmacy services provider carrying on a pharmacy business at this registered pharmacy premises

Name _____

Signature _____ Date ____/____/____

Name _____

Signature _____ Date ____/____/____

(Attach separate list if more space is required)

3 OWNERSHIP STRUCTURE

Pharmacy services provider(s) carrying on the activities of providing pharmacy services within a pharmacy business. Section 51(1) of the Act provides that only registered pharmacists, recognised corporate pharmacy service providers and recognised trustee pharmacy services providers may carry on a pharmacy business at a registered pharmacy premises.

Indicate the person / pharmacy services provider who will carry on the pharmacy business at the registered pharmacy premises:

- Registered Pharmacist
- Partnership of registered Pharmacists
- Company/Trust
Also complete '**Form B: Information to be provided by a Corporate/Trustee Pharmacy Services Provider(s)**'
- Partnership of Companies/Trusts
Also complete '**Form B: Information to be provided by a Corporate/Trustee Pharmacy Services Provider(s)**'
- Partnership of registered Pharmacists and Company(s)/Trust(s)
Also complete '**Form B: Information to be provided by a Corporate/Trustee Pharmacy Services Provider(s)**'
- Other
Also complete '**Form B: Information to be provided by a Corporate/ Trustee Pharmacy Services Provider(s)**'

Attach a pharmacy ownership structure diagram together with a separate written summary of how the proposed structure complies with the ownership limitations as detailed in 3.1.

(See ATTACHMENT A: 2. *Pharmacy Ownership Structure*)

Partnership (if applicable)

If the business is to be carried on by a partnership, attach a copy of the Partnership Agreement.

(See ATTACHMENT A: 3. *Partnership Agreement*)

Will a Company operate in association with the pharmacy business?

YES OR NO (Please tick one)

If YES, please also complete **Form B: Information to be provided by a Corporate/ Trustee Pharmacy Services Provider** for **each** Company operating in association with the pharmacy business.

Will a Trust operate in association with the pharmacy business?

YES OR NO (Please tick one)

If YES, please also complete **Form B: Information to be provided by a Corporate/ Trustee Pharmacy Services Provider** for **each** Trust operating in association with the pharmacy business.

Provide the name, registered address and pharmacist registration number (if applicable) for the pharmacy services provider(s) carrying on the pharmacy business:

Name: _____ Registration Number: PHA _____

Address: _____

State: _____ Postcode: _____

Name: _____ Registration Number: PHA _____

Address: _____

State: _____ Postcode: _____

Name: _____ Registration Number: PHA _____

Address: _____

State: _____ Postcode: _____

Name: _____ Registration Number: PHA _____

Address: _____

State: _____ Postcode: _____

Name: _____ Registration Number: PHA _____

Address: _____

State: _____ Postcode: _____

Name: _____ Registration Number: PHA _____

Address: _____

State: _____ Postcode: _____

(Attach a separate page if more space is required).

Statement regarding person(s) with a proprietary interest in the pharmacy business.

A 'proprietary interest' has the meaning as outlined in sections 26(1) and (2) of the Act and includes an interest as a sole proprietor, a partner, as a director, member or shareholder of a company and as a trustee or beneficiary of a trust.

A person will also be taken to hold a proprietary interest in a pharmacy business if in the course of carrying on a business, the person:

- provides a benefit to another for which the person is entitled to receive the profits or income, or a share in the profits or income, of a pharmacy business; or
- under a franchise or other commercial arrangement, the person has a right to receive consideration that varies according to the profits or income of a pharmacy business.

Does any person, company or trust own or have a proprietary interest in the pharmacy business other than those listed in 3.4, 3.5 and Form B if applicable?

When answering this question, applicants must consider any arrangement or understanding, whether formal or informal.

YES OR NO (Please tick one)

*If the applicant(s) answered yes to this question, then the applicant(s) must provide a copy of the document giving rise to the interest or, if not in printed form, information explaining the arrangement.

4 RIGHT OF OCCUPANCY

Attach all documents giving the applicant(s) the right to occupy and conduct a pharmacy business in the premises listed at question 1.4 (above), including but not limited to the Property Title, Lease Agreement (including any Sub-Lease or Transfer of Lease) and Occupancy Licence.

(See 'Attachment A: 5. Right of Occupancy')

5 FINANCE

(See 'Attachment A: 6. Loan and Mortgage Agreements & 7. Guarantee documentation')

Explain how the applicant(s) intend to fund the purchase or establishment of the proposed pharmacy business

Source of finance	Amount
Loan	\$
Mortgage	\$
Self-funded	\$
Other	\$
Total	\$

If other, provide details: _____

(Attach separate list if more space is required).

Attach a copy of all documentation associated with the funding of the pharmacy business including any mortgage agreements, loan agreements, and any documentation relating to a guarantee. (If you are unable to attach a copy of any agreement or arrangement state why and when it will be forwarded)

If any such agreement or arrangement is not in writing provide details:

(Attach a separate page if more space is required).

6 COMMERCIAL ARRANGEMENTS

(See 'Attachment A: 4 Franchise agreements, licences, service or other agreements')

Have the applicant(s) entered into any of the following arrangements (whether in writing or not) in relation to the pharmacy business:

6.1.1 Franchise agreement or licence, or such other arrangement to use a third party trade mark, banner or branding i.e. trading under a banner owned by a third party?

YES OR NO (Please tick one)

6.1.2 Service agreement or other contractual arrangement with any third parties for the provision of any goods or services?

YES OR NO (Please tick one)

6.1.3 Hire purchase or equipment lease agreement with any third party, for use by, and within the pharmacy business?

YES OR NO (Please tick one)

6.1.4 Any licence(s) between the pharmacy business and any third party in relation to the operation of the pharmacy business i.e. software or system licence?

YES OR NO (Please tick one)

6.1.5 Any other arrangement or agreement between the pharmacy business and any other third party in relation to the operation of the pharmacy business that:

- affects the day to day operation of the pharmacy business;
- affects the management of the pharmacy business;
- provides any person or company, other than the applicant, the right to:
 - control the manner in which the pharmacy business is carried on;
 - access books of accounts or records kept with respect to the business;
 - receive any consideration that varies in accordance with the profits or takings of the business. (for example, but not limited to an agreement with a marketing company, a management company, or a service company)?

YES OR NO (Please tick one)

6.1.6 Are the applicant(s) employed by any third party which has an agreement of any kind (whether in writing or not) with a person or entity that owns the pharmacy business (i.e. company, trust, sole trader or partnership)?

YES OR NO (Please tick one)

6.1.7 Any security arrangement where an interest is registered on the Personal Property Securities Register ('PPSR') against any plant, equipment, fixtures or stock-in-trade in the possession of, or under the control of, the pharmacy business, used for the purpose of running the pharmacy business?

YES OR NO (Please tick one)

6.1.8 Any plant, equipment and / or fixtures in the possession of, or under the control of, the pharmacy business that are subject to any finance?

YES OR NO (Please tick one)

If yes, to any of the above, you must provide certified copies of all documents relating to: agreements, leases, licences, contracts, and any other associated documentation which relates to this pharmacy business. We also ask you to provide a copy of any PPSR searches and ASIC searches (if applicable), however these documents do not need to be certified.

7 OTHER PHARMACY PREMISES AT WHICH PHARMACY BUSINESS IS CONDUCTED

(See 'Attachment A: 8. Pharmacy ownership restrictions')

Section 42 of the Health Practitioner Regulations National Law (South Australia) 2010 Act places the following restrictions upon the number of pharmacy businesses that may be operated in SA:

- A person other than a friendly society must not provide pharmacy services at more than 6 pharmacies;
- Friendly Society Medical Association Limited must not provide pharmacy services at more than 40 pharmacies;
- A friendly society other than the Friendly Society Medical Association Limited must not commence to provide pharmacy services at a pharmacy if friendly societies other than Friendly Society Medical Association Limited already provide pharmacy services at 9 pharmacies.

7.1 List below the name of each pharmacy business conducted by the person. If the pharmacy business is a partnership, you must list all partners including corporate and trustee entities.

Pharmacy Business Name: _____

_____ Pharmacy Premises Registration Number: P _____

Person(s) Operating Pharmacy Business: _____

Pharmacy Business Name: _____

_____ Pharmacy Premises Registration Number: P _____

Person(s) Operating Pharmacy Business: _____

Pharmacy Business Name: _____

_____ Pharmacy Premises Registration Number: P _____

Person(s) Operating Pharmacy Business: _____

Pharmacy Business Name: _____

_____ Pharmacy Premises Registration Number: P _____

Person(s) Operating Pharmacy Business: _____

Pharmacy Business Name: _____

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Person(s) Operating Pharmacy Business: _____

Pharmacy Business Name: _____

_____ Pharmacy Premises Registration Number: P _____

Person(s) Operating Pharmacy Business: _____

Pharmacy Business Name: _____

_____ Pharmacy Premises Registration Number: P _____

Person(s) Operating Pharmacy Business: _____

(Attach separate list if more space is required).

7.2 PERSONS OCCUPYING POSITIONS OF AUTHORITY

Section 42(4) of the Act provides that in determining the number of pharmacies at which a natural person provides pharmacy services; pharmacies at which the person provides pharmacy services as a natural person and pharmacies at which anybody corporate or trust in which the person occupies a position of authority provides pharmacy services must be taken-into-account.

Section 26(5) of the Act provides that a person occupies a position of authority in a recognised corporate/trust pharmacy services provider if the person:

- is a director of the body corporate; or
- exercises, or is in a position to exercise, control or substantial influence over the body corporate in the conduct of its affairs; or
- manages, or is to manage, the business of the body corporate insofar as that business consists of the provision of pharmacy services; or
- where the body corporate is a proprietary company- is a shareholder in the body corporate.

Section 26(6) of the Act provides that a person who holds more than 10% of the issued share capital of a public company will be regarded as a person occupying a position of authority in that company.

Section 26(7) of the Act provides that a person occupies a position of authority in a recognised trustee pharmacy services provider if the person is a trustee or beneficiary of the trust.

Please provide the full names and addresses of all persons occupying a position of authority in the recognised corporate/trustee pharmacy services provider (if relevant).

Name: _____

Address: _____

_____ State: _____ Postcode: _____

Name: _____

Address: _____

_____ State: _____ Postcode: _____

Name: _____

Address: _____

_____ State: _____ Postcode: _____

Additional forms should be attached for each individual occupying a position of authority in the recognised corporate/trustee pharmacy services provider as required.

8 PHARMACY PREMISE STATEMENT

(circle as appropriate)

Does the pharmacy premise consist of an enclosed area with access to a public area Yes No

Does the pharmacy premise contain an area set aside for the dispensing of items on prescription that is not less than 9 square metres? Yes No

Is the pharmacy premise kept in a hygienic condition and is it adequately ventilated? Yes No

Does the pharmacy premise have provision for adequate lighting? Yes No

Does the pharmacy premise have provision for temperature control of therapeutic goods and health care products? Yes No

Does the pharmacy premise contain adequate provision for the safe, secure and hygienic storage of therapeutic goods and health care products? Yes No

Does the pharmacy premise contain adequate provision for the safe, secure and hygienic storage of therapeutic goods and health care products? Yes No

Does the pharmacy premise contain adequate provision for the safe and secure storage of confidential and sensitive information? Yes No

Is the pharmacist able to supervise effectively the whole of that part of the premises used in the provision of professional pharmacy services and the activities of persons in that part of the premises? Yes No

Are members of the public prevented from directly accessing the pharmacy premise from within the premises of a supermarket? For the purposes of this question, a supermarket is defined as a store or market, the primary business of which is the sale of a range of food, beverages, groceries or other domestic goods. Yes No

The pharmacy does not carry on a business consisting of or involving the sale of alcohol or tobacco products. Yes No

The pharmacy does not carry on a business consisting of or involving the sale of animals. Yes No

The pharmacy does not carry on a business consisting of or involving the preparation of food or beverages for sale. Yes No

Yes No

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

9 FLOOR PLAN, ELEVATION DRAWINGS, SECURITY

The following section is required only in applications for new premises, changes to existing registered premises or relocations of existing registered premises.

Enclose a floor plan of the premises, drawn to scale, and provide specifications clearly showing

Location, dimensions and area of dispensary

Location of sinks for the dispensing and compounding of drugs and medicines and the sink utilised specifically for pharmacy staff

Location of drugs of dependence safe(s) which must be attached to a wall or the floor of the premises away from external walls, where it is not visible from outside the room in which it is situated (in accordance with the Department of Health Code of Practice for the Storage and Transport of Drugs of Dependence)

Location of refrigerator(s) utilised for the storage of drugs and medicines

Location(s) of air conditioners

Location of the area(s) for the storage of scheduled medicines

Location set aside for dispensed medicines awaiting collection

Location of devices utilised for the protection of patient confidentiality, such as shredders

Location of professional trading area including customer waiting areas

Location and dimensions of counselling area or room

Enclose elevation drawings, drawn to scale including all walls, doors and windows

Describe how the perimeters of the building are protected from illegal entry:

9.1.1 Doors

9.1.2 Windows

9.1.3 Skylights

Security systems

(circle as appropriate)

9.1.4	Intrusion detection sensors	Infrared	YES	NO
		RADAR	YES	NO

Other

9.1.5	Will an alarm system, fitted with a siren and monitored to a central station on a 24-hour basis be installed?	YES	NO
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9.1.6	Panic button – fitted	YES	NO
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9.1.7	Security guards	YES	NO
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Please indicate periods of attendance

Enclose a locational plan, showing area surrounding the premises, including buildings, roadways, footpaths, walkways, car park.

Please ensure that the pharmacy premises site is clearly marked.

9. DECLARATION

(Please complete a separate declaration for each individual/individual entity)

I 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 and will maintain professional indemnity insurance cover of \$20 million or more against civil liabilities that might be incurred for the entire period of registration,
- I have provided a copy of the company constitution and/or trust deeds and any other relevant documentation and information; and

I make this solemn declaration conscientiously believing the same to be true and by the virtue of the provisions of the *Oaths Act 1936* and I understand that it is an offence to make a false declaration under the *Oaths Act 1936* punishable by up to four years imprisonment and may also result in a breach of section 65 of the Act which carries a maximum penalty of \$20,000.

		_ _
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Signature

Name (PRINT clearly)

Date (dd/mm/yy)

Declared at _____

this _____ day of _____ in the year _____

Witnessed before me _____ (see below)

Tick whichever is applicable

- | | |
|---|---|
| <input type="checkbox"/> A Justice of the Peace | <input type="checkbox"/> A Notary Public |
| <input type="checkbox"/> A Commissioner for Taking Affidavits
(includes solicitors on the role of
Practitioners of the Supreme Court) | <input type="checkbox"/> A Proclaimed Member of the Police Force- |

** If attested by a Proclaimed Police Office, include the name of town or place where stationed.

10. PAYMENT

Amount Payable is \$545.00

This fee is exempt from GST (Division 81).

A receipt will be emailed to the provided email address of the pharmacy premises.

Tick the appropriate payment type.

Cheque

EFTPOS (in person)

CASH (in person)

Mastercard/Visa

No other card types are accepted

Card Number

Card Expiry (MM/YY)

Name on the Card

Signature of Cardholder

Date