



OCT 2016



# TASMANIAN PHARMACY AUTHORITY

Please post or email your completed form to: (Email is preferred)  
 Tasmanian Pharmacy Authority | PO Box 1082 | Sandy Bay TAS 7005  
 Email to: [registrar@pharmacyauthority.tas.gov.au](mailto:registrar@pharmacyauthority.tas.gov.au)

## ADVICE OF COMPLETION of ALTERATIONS to PREMISES

Completion of alterations to:

PHARMACY NAME: \_\_\_\_\_

PHARMACY STREET ADDRESS: \_\_\_\_\_

PHARMACY PHONE NUMBER \_\_\_\_\_ FACSIMILE \_\_\_\_\_

EMAIL \_\_\_\_\_

THE ALTERATIONS WERE COMPLETED ON \_\_\_\_\_ / \_\_\_\_\_ /20\_\_\_\_\_

**DECLARATION:**

I, \_\_\_\_\_ AHPRA No: \_\_\_\_\_  
*Clearly PRINT the name of the Registered Pharmacist making this declaration*

POSITION \_\_\_\_\_  
*Either an owner of this pharmacy, or the Pharmacist appointed by the owner(s) to be regularly and usually in charge*

**declare that:**

- a) the alterations to the premises detailed above have been completed in accordance with the plans, specifications and details provided to and approved-in-principle by the Tasmanian Pharmacy Authority; *and*
- b) I have completed the Self-Inspection Form and I believe that the premises comply with the requirements of the *Pharmacy Control Act 2001* and are ready for inspection by the Authority; *and*
- c) I am authorised to make this declaration.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Advice to applicant:** When the Authority receives this form, an inspection will be arranged by appointment with you to inspect the alterations and to comprehensively check other aspects of the pharmacy premises in accordance with all premises inspections. Any matters identified during the inspection about which the Authority contacts you must be addressed in the timeframe specified by the Authority.

**PERSONAL INFORMATION PROTECTION STATEMENT**

Personal information will be collected from you by the Tasmanian Pharmacy Authority for the purpose of administering the ownership and registration of Tasmanian pharmacy business premises. Your personal information will be used for the primary purpose for which it is collected, and may be disclosed to contractors and agents of the Tasmanian Pharmacy Authority, law enforcement agencies, Medicare Australia, the Australian Health Practitioner Regulation Agency, the Pharmaceutical Services Branch of the Department of Health and Human Services, courts and other organisations authorised to collect it. Your personal information will be managed in accordance with the *Personal Information Protection Act 2004*. You may access your personal information on request to the Tasmanian Pharmacy Authority. You may be charged a fee for this service.