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INVOICE No				

**APPLICATION FOR ISSUE OF AN ELIGIBILITY CERTIFICATE
INDIVIDUAL or INDIVIDUAL AS TRUSTEE**

Please return this form with your payment to: Tasmanian Pharmacy Authority | PO Box 1082 | Sandy Bay TAS 7005

For enquiries contact: registrar@pharmacyauthority.tas.gov.au **Ph:** 0417 752 348

The application fee is 35 Fee Units which equates to \$53.55 for 2016/17.

This form is the initial application form for an individual (or an individual as a trustee) for an Eligibility Certificate to hold an interest in a pharmacy business.

NAME OF APPLICANT: _____

As Trustee For (ATF): _____

(Trust name if applicable; otherwise write NA or leave blank)

ATF: You **must** indicate whether you are applying as an individual owner or **as trustee for** (ATF) a trust.

APPLICANT'S AHPRA REGISTRATION NO: _____

POSTAL ADDRESS: _____

PHONE NUMBER: _____

EMAIL: _____

Note that the Eligibility Certificate and related information will be sent to this email address.

DECLARATION: I, _____

(Name)

of _____

(Address of Applicant)

declare that:

- a) that the above particulars are true in every respect to the best of my knowledge, information and belief at the time of signing this application; and
- b) I hold general registration under the Health Practitioner Regulation National Law (Tasmania) in the Pharmacy Profession; and
- c) in the event that this application relates to an individual as trustee for a Trust, I have also lodged an application for approval of a trust, and confirm that each beneficiary of the trust is a pharmacist or a related party of a pharmacist; and
- d) neither I nor any of the beneficiaries (if this application relates to a trust) have an interest in more than four pharmacy businesses in Tasmania.

Signed: _____ Date: _____

PAYMENT METHOD	Tick one	Please provide cheque no. or direct deposit date
I attach a cheque		
I have paid by direct deposit		

PAYMENT OPTIONS



Please make your cheque payable to: Tasmanian Pharmacy Authority
Post your form and the cheque to:

Registrar | Tasmanian Pharmacy Authority | PO Box 1082 | Sandy Bay TAS 7005



If paying by direct deposit, you can email your form to: registrar@pharmacyauthority.tas.gov.au

Direct Debit Details: BSB: 067 101 Acct No. 1049 0043 Reference: Invoice Number*

*If this is a new application and you do not have an invoice, please quote the applicant name.

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.