

FORM A

Regulation 6(2)

FOR USE BY CHEMISTS

APPLICATION FOR INCLUSION IN THE PHARMACEUTICAL LIST

(See Note (1))

TO THE DEPARTMENT OF HEALTH

1. I/We .....  
of .....

- \* (a) apply to have my/our name(s) included in the Pharmaceutical List for the provision of the pharmaceutical services specified in Section 5 below;
- \* (b) apply to have my/our name(s) included in the Pharmaceutical List for the provision of pharmaceutical services from the premises specified in Section 3(a) below: the application is in respect of the relocation of the premises from which I/we currently provide pharmaceutical services.

2. The application is in respect of -

- \* (a) the provision of services from premises from which the pharmaceutical services specified in Section 5 below are already provided (*complete Sections 3, 4, 5 and 6(a) and sign the application*);
- \* (b) the relocation of the premises from which I/we provide pharmaceutical services (*complete Sections 3, 4, 6(b) and 6(c) and sign the application*);
- \* (c) the opening of premises for the provision of pharmaceutical services specified in paragraph 5 below (*complete Sections 3, 4, 5 and 6(c) and sign the application*);
- \* (d) the provision of pharmaceutical services other than those already listed from currently listed premises (*complete Sections 3, 4, 5, 6(c) and 6(d) and sign the application*).

3. (a) The premises from which I/we propose to provide pharmaceutical services are/  
will be at:

.....  
.....

(b) The premises from which it is proposed to provide pharmaceutical services are:

(i) already constructed YES/NO\*

(ii) already in our possession (through lease or ownership) YES/NO\*

N.B.

EVIDENCE OF TITLE, LEASE, LEGAL OR EQUITABLE INTEREST IN THE PROPOSED PREMISES MUST BE SUBMITTED WITH YOUR APPLICATION TOGETHER WITH A SCALE MAP SHOWING THE EXACT LOCATION.

(iii) registered by the Pharmaceutical Society of Northern Ireland in my/our name(s)

YES/NO\*

N.B.

NO APPLICATION CAN BE GRANTED IN RESPECT OF PREMISES WHICH ARE NOT REGISTERED BY THE PHARMACEUTICAL SOCIETY OF NORTHERN IRELAND UNDER THE MEDICINES ACT 1968. ALTHOUGH AN APPLICATION TO BE INCLUDED ON THE PHARMACEUTICAL LIST (FORM A) CAN BE LODGED IN ADVANCE OF REGISTRATION. REGISTRATION DETAILS MUST SUBSEQUENTLY BE PROVIDED ON FORM B.

(c) The pharmacist in charge at the said premises will be:-

Name .....

Registration No. ....

4. I/We undertake to provide the pharmaceutical services specified below from the said premises from:

..... (date)

(MUST NOT BE MORE THAN 12 MONTHS FROM DATE OF APPLICATION)and it is proposed that the premises will be open during the following hours:

.....

5. I/We propose to provide the following pharmaceutical services, and undertake to provide such of these services as may be approved by the Department of Health in accordance with the terms of service for the time being in operation:

Dispensing of medicines and supplying of drugs and of listed appliances as specified in the Drug Tariff

Supplying Domiciliary Oxygen Services

YES/NO\*

6. (a) (To be completed only by persons applying under Section 2(a) above who are proposing to provide services at premises from which such services are already provided)

(i) The name of the person who is currently providing services from the premises named in Section 3(a) is:

.....

(ii) There will be no change in the pharmaceutical services provided and those services from the said premises will be continuous/interrupted for the period of (state period)\*:

.....

(b) To be completed only by persons whose names are included in the Pharmaceutical List applying under Section 2(b)

(i) The premises from which I am/we are providing pharmaceutical services are at:

.....

.....

(ii) The relocation is for the following reasons:

.....  
.....

(iii) There will be no change in the pharmaceutical services provided and the provision of services by me/us will be continuous/interrupted\* for the period of *(state period)\**:

.....  
.....

(iv) If this relocation is granted, I/we undertake to cease providing pharmaceutical services from the premises named in Sub-Section (b)(i).

(c) *(To be completed only by persons applying under Section 2(b), (c) or (d)).*

In my/our view, the provision of the pharmaceutical services specified above at the premises named in Section 3(a) is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood of the said premises for the following reasons:

.....  
.....

(d) *(To be completed only by persons proposing to provide other pharmaceutical services from premises from which some pharmaceutical services are already provided by them).*

(i) My/Our pharmaceutical services shall be those pharmaceutical services granted in respect of this application.

(ii) The other pharmaceutical services proposed for provision are: *(specify)*

.....  
.....

Signed .....

.....  
.....

Date .....

\* Delete as appropriate.

NOTES

(1) *An application as in Form A will be required by any person wishing to be included in the Pharmaceutical List or already included in the Pharmaceutical List who wishes to undertake to supply pharmaceutical services from alternative premises (other than on minor relocation) or additional premises or to vary the pharmaceutical services provided from currently listed premises.*

(2) *Payment cannot be made for pharmaceutical services provided before the date of entry in the Pharmaceutical List recorded in Form C as issued by the Department of Health.*