

FORM A

FOR USE BY PERSONS OTHER THAN 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 which the pharmaceutical services specified in section 5 below are already provided (*complete sections 3, 4, 5 and 6a and sign the application*);
- * (b) the relocation (other than minor relocation) of the premises from which I/we provide pharmaceutical services (*complete sections 3, 4, 6b and 6c and sign the application*);
- * (c) the opening of premises for the provision of the pharmaceutical services specified in Section 5 below (*complete sections 3, 4, 5 and 6c and sign the application*);
- * (d) the provision of pharmaceutical services other than those already listed from currently listed premises (*complete sections 3, 4, 5, 6c and 6d 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 my/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.

4. I/We propose to provide pharmaceutical services from those premises from: (date).
(MUST NOT BE MORE THAN 12 MONTHS FROM DATE OF APPLICATION)

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 from the time being in operation:

(a) supplying all listed appliances as specified in the Drug Tariff*;
or

(b) supplying only the following range of appliances as listed and specified in the Drug Tariff*:

(Specify)
.....

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) above 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) above)*

(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 sections 2(b), (c) or (d) above).*

In my/our view, the provision of the pharmaceutical services specified above at the

premises named in section 3(a) above 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.*