

Application for Ministerial Approval to supply pharmaceutical benefits at particular premises

Purpose of this form

Complete this form to request Ministerial Approval to supply pharmaceutical benefits at particular premises under subsection 90A(2) of the *National Health Act 1953*.

Important information

A request can only be made if an application for approval under section 90 of the *National Health Act 1953* has been rejected by the Delegate of the Secretary of the Department of Health (the Secretary's Delegate) following a recommendation that it not be approved because it did not meet the requirements of rules determined by the Minister for Health (the Minister) under section 99L of that Act (the Pharmacy Location Rules).

A request must not be made if the decision of the Secretary's Delegate is the subject of proceedings before the Administrative Appeals Tribunal or Federal Court and the proceedings have not been discontinued, withdrawn, dismissed or otherwise finally determined.

For more information

For more information go to www.health.gov.au/internet/main/publishing.nsf/content/pharmacy-ministerialdiscretion, email details of your enquiry to 90Apharmacy@health.gov.au, or call 1800 316 389 (call charges may apply).

Returning your form

Check all questions are answered and the form is signed and dated by all applicants named in the application.

This form should be lodged through the PBS Approved Suppliers Portal **PBSApprovedSuppliers.health.gov.au** by attaching the completed form to the application at the 'Upload Documents' tab.

Privacy and your personal information

Personal information is protected by law, including the *Privacy Act* 1988.

Personal information is being collected in this form by the Australian Government Department of Health (the Department) for the purposes of assessing your request for the exercise of the Minister for Health's discretion under section 90A of the *National Health Act 1953* as a result of an application not being approved by the Secretary's Delegate under section 90 of that Act.

If you do not provide this information, the Minister will not be able to assess your application.

You can get more information about the way in which the Department will manage personal information, including our privacy policy, at www.health.gov.au/pbsapprovedsuppliers/forms-privacy.

Applicant(s) details

	An applicant must be a person registered as a pharmacist to the Pharmacy Board of Australia, a friendly society or other								
body of persons (whether corporate or unincorporate), able									
carry on business as a pharmacist under the law of the									
	relevant state or territory. Registration number is the number								
L	issued by the Pharmacy Board of Australia.								
A	Applicant 1								
D	or Mr Ms Other								
F	amily/company name								
F	irst given name								
Г	Registration number (individual applicant only)								
	P H A								
A	Applicant 2								
_	Or Mr Ms Other								
F	Family/company name								
F	irst given name								
R	Registration number (individual applicant only)								
	PHA								
A	Applicant 3								
D	Or Mr Ms Other								
F	amily/company name								
F	irst given name								
L									
Г	degistration number (individual applicant only)								
	P H A								
A	Applicant 4								
D	Or Mr Ms Other								
	amily/company name								
F									
F									
	irst given name								
	irst given name								

If there are more than 4 applicants, attach a separate

sheet with details.

2	Is one or more of the applicant(s) named at question 1 a company, friendly society or other body of persons (corporate or		Contact nominee for this application			
	unincorporate)? No Go to 4 Yes Give details below Tick ALL that apply	no ap	ou must provide the contact details of either an applicant or other ominated representative who is permitted to act on behalf of the oplicant(s) and deal with the Department on all matters relating this application.			
	Company 🗆	4	Contact nominee's details			
	Friendly society		Du Mu Ma Othau			
	Other Provide details		Dr Mr Ms Other			
			Family name			
3	Authorised person(s) details		First given name			
	Authorised person 1					
	Which applicant (listed at question 1) is being represented?	5	Company name			
	Applicant number	U	Company name			
	Full name of person authorised to act on behalf of the above (e.g. Director).	6	Postal address			
	Dr Mr Ms Other					
	Family name					
			Postcode			
	First given name					
		7	Daytime phone number			
	Registration number		Makila shana susshau			
	PHA		Mobile phone number			
	I have attached evidence (e.g. Australian Securities and		Email			
	Investments Commission (ASIC) report) confirming my					
	authority to act on behalf of the above.					
	Authorised person 2	Re	jected application details			
	Which applicant (listed at question 1) is being represented? Applicant number		etails of the application rejected by the Secretary's Delegate, nder section 90 of the <i>National Health Act 1953</i> .			
	Full name of person authorised to act on behalf of the above (e.g. Director).	8	Application number			
	Dr Mr Ms Other		_ A			
	Family name	9	Date of notification of the Secretary's Delegate rejecting your			
			application (e.g. the date you received the Secretary's Delegate			
	First given name		letter)			
	First given name					
			Attach a copy of the decision of the Secretary's			
	Registration number		Delegate rejecting your application.			
	P H A	10	Address of proposed premises			
	I have attached evidence (e.g. Australian Securities and		The state of the s			
	Investments Commission (ASIC) report) confirming my authority to act on behalf of the above.					
	If there are more than 2 companies, friendly societies etc, attach a separate sheet with details.		Postcode			
		11	Is/Was the decision of the Secretary's Delegate the subject of			
			a proceeding before the Administrative Appeals Tribunal or a Federal Court?			
			No 🗆			
			Yes Attach a copy of the Administrative Appeals Tribunal or Federal Court decision.			

12	The rejected application sought to:	Cu	rrent owner(s) conta	ct nomine	9	
	establish a new pharmacy approval Go to 21	17	Name of a summer to summer t	Heat the Danes		No.:-
	relocate an existing pharmacy approval Go to 13	17	Name of a current owner tapplication with.	that the Depar	tment can dis	cuss this
			Family name			
Exi	sting approved premises		ranniy name			
0.	rections 12 to 20 are to be completed if this request relates to					
	estions 13 to 20 are to be completed if this request relates to e relocation of an existing pharmacy approval.		First given name			
un	, relocation of an existing pharmacy approval.					
13	Current PBS approval number	40	D			
		18	Postal address			
14	Pharmacy business (trading) name					
					Postcode	
15	Address of current pharmacy premises					
	radioco di carroni prarriacy promisco	19	Daytime phone number			
			Mobile phone number			
			Email			
	Postcode					
Cu	rrent owner(s)	٠	rrant aumar(a) daala	ration and	roguest	
		- Gu	rrent owner(s) decla	i auon anu	request	
16	All current approved pharmacists or persons acting on behalf	20	I/We declare that:			
	of a company, friendly society, or the like must be named.		 the information provi 	ided in this fo	rm is comple	te and
	Current owner 1		correct.			
	Family/company name		I/We request that:			
			 my/our approval und 	der section 90	of the Natior	nal Health
	First given name		Act 1953 to supply p			
	That given name		described in question			
			the <i>National Health A</i> to granting an appro-			
	Current owner 2		new premises.	vai to tric app	ilicarit(3) iii 16	spect of the
	Family/company name		I/We understand that:			
			 giving false or mislea 	ading informa	tion is a serio	us offence
	First given name			_		
	Thot given name		Signature of current own	er i	Date	
					,	
	Current owner 3				/	
	Family/company name		Signature of current owner	er 2	□ Doto	
			<i>A</i> -		Date	
	First given name				/	
			Signature of current owner	er 3		
					Date	
	Current owner 4				/	/
	Family/company name		Signature of current owner	er 4		
				-	Date	
	First given name				/	/
	5.5					
			If there are more		nt owners, at	tach a
	If there are more than 4 current owners, attach a		separate sheet v	with details.		
	separate sheet with details.					

Applicant(s) declaration

21 I/We declare that:

- to the best of my/our knowledge and belief, the information contained in this form, and in the attachments to this form, is true and correct.
- I/we are willing to supply pharmaceutical benefits at premises described in question 10 in accordance with Part VII of the *National Health Act 1953* and the Regulations made under that Act.

I/We understand that:

miolooding information is

 giving false or misleading inform 	nation is a serious offence.
Signature of applicant 1	
	Date
L i	/ /
Signature of applicant 2	
	Date
	/ /
Signature of applicant 3	
	Date
	/ /
Signature of applicant 4	
	Date
L	/ /
If there are more than 4 app sheet with details.	olicants, attach a separate

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