



Authority for a representative to prepare and submit an application on behalf of the applicant(s)

Purpose of this form

This form must be completed to allow an Authorised Representative to prepare and submit an application on behalf of the applicant(s).

The Authorised Representative can be one of the applicants or the contact nominee named in the application, or another person authorised by the applicant(s).

For more information

Go to www.health.gov.au/pbsapprovedsuppliers.

For assistance completing this form, email details of your enquiry to pbsapprovedsuppliers@health.gov.au and a departmental officer will contact you, or call **1800 316 389** (call charges may apply).

Returning the form

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

This authorisation 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*.

The Australian Government Department of Health (the Department) is collecting personal information provided via the PBS Approved Suppliers Portal (the Portal) for the purposes of administering the Portal and assessing an application made under the *National Health Act 1953*. The collection of personal information is authorised under 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.

Authorisation

The Applicant(s) named below (**Applicants**) authorise(s) the Authorised Representative named below to prepare and submit an application for approval to supply pharmaceutical benefits at particular premises (**Application**) on their behalf, and:

- agree to accept any risk, cost and liability for the acts or omissions of the Authorised Representative in relation to the Application;
- agree that the Department is not liable for loss or damage suffered by the Applicants as a result of nominating the Authorised Representative to complete and submit the Application on their behalf, including for any acts or omissions of the Authorised Representative;
- acknowledge that it is the responsibility of the Applicants to notify the Department if the Applicants no longer authorise the Authorised Representative to represent them in relation to the Application;
- consent to the Department collecting their personal information from the Authorised Representative submitting the Application, from any applicants listed below, or from any other contact nominee named in the application, for the purposes set out above and as outlined in the privacy statement attached to this form;
- acknowledge that the contents of the Application may be disclosed to other associated parties to the application; and
- grant (or will procure) a royalty-free, non-exclusive licence for the Department and the Australian Community Pharmacy Authority established under the *National Health Act 1953* (Cth) to use, reproduce and adapt the information and material included in, or in support of, the Application for the purpose of making an assessment of the Application.

