



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proceedings before the Administrative Appeals Tribunal or Federal Court and the proceedings have not been discontinued, withdrawn, dismissed or otherwise finally determined.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

1 An applicant must be a person registered as a pharmacist by the Pharmacy Board of Australia, a friendly society or other body of persons (whether corporate or unincorporate), able to carry on business as a pharmacist under the law of the relevant state or territory. Registration number is the number issued by the Pharmacy Board of Australia.

Applicant 1

Dr Mr Ms Other

Family/company name

First given name

Registration number (individual applicant only)
P H A

Applicant 2

Dr Mr Ms Other

Family/company name

First given name

Registration number (individual applicant only)
P H A

Applicant 3

Dr Mr Ms Other

Family/company name

First given name

Registration number (individual applicant only)
P H A

Applicant 4

Dr Mr Ms Other

Family/company name

First given name

Registration number (individual applicant only)
P H A



If there are more than 4 applicants, attach a 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:

- giving false or misleading information is a serious offence.

Signature of applicant 1

Date

Signature of applicant 2

Date

Signature of applicant 3

Date

Signature of applicant 4

Date



If there are more than 4 applicants, attach a separate sheet with details.