



**Victorian Pharmacy Authority**

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**Form VP23**

**APPLICATION FOR REGISTRATION OF A  
PHARMACY DEPOT**

*Pharmacy Regulation Act 2010 Section 47*

1. Name and address of the pharmacy business that will operate the depot.

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2. Name(s) of the proprietors of the pharmacy business.

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3. Name and address of proposed depot.

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..... Postcode .....

Telephone No. ....

Email .....

4. State the reason for the application:

You require: (Please tick )

- Registration of new depot premises
- Registration of new (relocated) depot premises (relocating an existing depot to new premises)
- Approval of alterations to existing registered depot premises.
- Other

If Other please specify:

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**5. State the distance of the depot from the nearest pharmacy by road.**

..... Kms

**6. Indicate the nature of the pharmacy depot (circle one)**

- The depot will be a stand-alone business owned and operated by the proprietor(s) of the pharmacy business,
- The depot will be operated within the premises of another business owned by a person other than the proprietor of the pharmacy business.
- Other (describe)

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**7. Is it intended to stock and sell Schedule 2 medicines at the depot YES / NO**

<p>Schedule 2 medicines may be stored at, or supplied from the depot, if:</p> <ul style="list-style-type: none"> <li>• the depot is a stand-alone business owned and operated by the proprietors of the pharmacy, and</li> <li>• the depot is connected to the pharmacy by an audio-visual link.</li> </ul> <p>A Schedule 2 poison may only be sold from stock held at the depot on the instruction of a pharmacist who has consulted with the client using the audio-visual equipment on every occasion of sale.</p>
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**8. If you have answered Yes to question 7, describe the operation of the confidential audio-visual link between the depot and the pharmacy.**

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**9. Indicate if the proprietors of the pharmacy will provide the person in charge with a procedure manual which covers, ordering of medicines, storage of medicines, sale of scheduled medicines, transmission of prescriptions, supply of dispensed medicine, return of uncollected dispensed medicines, confidentiality of any information about clients of the pharmacy and the referral of queries to the pharmacist**

YES

NO

**10. Describe how orders for medicines and prescriptions received at the depot are to be transmitted to the pharmacy.**

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**11. Describe how prescriptions conveyed to the pharmacy from the depot.**

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**12. Describe how the pharmacy will package and transport medicines to the depot.**

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**13. Describe how the medicines are to be stored at the depot, with reference to security, confidentiality and maintaining the integrity of medicine including dispensed medicine that requires refrigeration and stock medicine that needs to be stored at or below 25 degrees C.**

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**14. Describe how pharmacists will counsel patients who obtain medicine from the depot.**

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**15. Will a pharmacist visit the depot at intervals of not less than two months to ensure that the procedures are adhered to?**

YES

NO

**16. Enclose a floor plan of the depot premises, drawn to specified scale (preferably 1:50, or 1:75, or 1:100), showing: -**

- a. the perimeter of the depot;
- b. the layout of the depot including:
  - location of sales counters;
  - location of benches for unpacking and sorting of depot orders;
  - location of hand washing facilities;
  - location of the area for the storage of dispensed medicines awaiting collection including storage for medicines requiring refrigeration;
  - location of storage facility for Schedule 2 medicines (if answered YES to refer 6).
  - location of audio visual equipment including privacy screens or other privacy features (if answered YES to Q 6).
  - external construction of the building.

**17. Enclose a locational plan, showing the premises in relation to the surrounding area (Include adjacent buildings, roadways, footpaths, walkways, car parks)**

SECURITY (Questions 18 & 19 are to be answered if the depot is a stand-alone business owned and operated by the proprietors of the pharmacy business).

**18. Describe how the perimeter of the building is protected from illegal entry.**

i) Doors:

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ii) Windows:

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iii) Skylights:

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**19. Is the depot fitted with an electronic alarm?**

YES

NO

**Statutory Fee**

A fee of **\$75.00** is required to accompany this application. The amount of this fee is valid for the period **1 May 2019 to 30 April 2020**.

I / we hereby agree that a person aged 18 years or over will be in charge of the depot at all times, and that the information provided herein is true and correct.

Signature/s of applicant/s

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Date: .....

**PAYMENT**

CHEQUE or MONEY ORDER payable to **Victorian Pharmacy Authority**

CREDIT CARD (CC) – VISA OR MASTERCARD ONLY – COMPLETE DETAILS:

**VISA or MASTERCARD** (Please circle)

Number:

**EXPIRY DATE**   /

**CVV**

**Amount: \$75.00**

**Name on Credit Card:**

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**SIGNATURE OF CREDIT CARD HOLDER**

Personal information on these forms is collected for the primary purpose of administering the Pharmacy Regulation Act 2010. Personal information will not be disclosed to any other person or agency unless you have given us permission, or we are required or authorised by law. For further information on collection and disclosure of personal information by the Authority, or how to request access or correction to your personal information, please refer to the Authority's Privacy Collection Notice and Privacy Policy.

### **3.7 PHARMACY DEPOTS**

#### **3.7.1 Establishing a pharmacy depot**

The Authority may approve a pharmacist who is licensed to carry on a pharmacy business or a pharmacy department to establish and operate a pharmacy depot in accordance with section 23 of the Act.

##### *Guidelines*

The depot is to be situated at least 15 km by the normal access route from the nearest pharmacy. If Schedule 2 poisons are to be stored at, or supplied from the depot, the depot must be connected to the pharmacy by an audio-visual link. A Schedule 2 poison may only be sold from the depot by a pharmacist following a consultation he or she has had with the client using the audiovisual equipment on every occasion of a sale.

In making application to the Authority for registration of the depot, the pharmacist is to describe the depot and how it is to be conducted. The description is to include:

1. the means by which orders for medicines and prescriptions are to be received at the depot and their transmission to the pharmacy;
2. how prescriptions are to be collected from the depot and conveyed to the pharmacy;
3. the operation of a confidential audio-visual link between the depot and its clients with the pharmacy;
4. how the pharmacist intends to counsel the patient who obtains medicine from the depot;
5. how medicines supplied to the depot are to be packaged and transported to the depot;
6. how the medicines are to be stored at the depot, with reference to security, confidentiality and maintaining the integrity of the medicine;
7. the name of the person in charge of the depot and certification that the person has attained 18 years;
8. the kinds of medicines to be stocked at the depot and the maximum quantities of Schedule 2 poisons;
9. a copy of procedures that the person in charge is to follow with particular reference to confidentiality of any information about clients of the pharmacy and the need to refer all queries about the medicine to the pharmacist;
10. the business name of the depot (note: the words "pharmacy" or "chemist" must not be used to imply that the depot is, or operates as, a pharmacy); and
11. a statement that a pharmacist agrees to visit the depot at intervals of not less than two months to ensure that the procedures are adhered to.