



## Victorian Pharmacy Authority

Level 2, 15-31 Pelham St  
Carlton Vic 3053

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### Form VP42

#### APPLICATION FOR RENEWAL OF APPROVAL TO SUPPLY, COMPOUND OR DISPENSE IN SPECIAL CIRCUMSTANCES PURSUANT TO SECTION 29(1)(b) OF THE *PHARMACY REGULATION ACT 2010*

**Section 29(1)(b) of the *Pharmacy Regulation Act 2010* states:**

A registered pharmacist must not supply, compound or dispense medicines except:

- a) from a pharmacy or pharmacy department that is approved by the Authority; or
- b) in any other special circumstances that are approved by the Authority in a particular case.

1. State the name and exact location of the place, which is NOT a pharmacy or a pharmacy department, where you propose to supply, compound or dispense in special circumstances:

.....  
.....

2. What type of organisation is this place? (eg Nursing Home, Private Hospital, Medical Centre)

.....

3. Will your activities be linked to or associated with a pharmacy or pharmacy department?  
YES / NO

If YES state name and address of the pharmacy or pharmacy department.

.....

|        |       |          |        |
|--------|-------|----------|--------|
| Phone: | Fax   | Postcode | Email: |
| .....  | ..... | .....    | .....  |

.....

.....

**4 DECLARATION**

I declare that the circumstances relating to the location, layout, equipment and security of the work area are substantially unchanged from those previously approved.

**Name and position of applicant.**

**Signature of applicant and date**

.....  
 .....

**5. CONTACT DETAILS**

(where you would like all correspondence in relation to this application to be sent)

**Name:**

.....

**Address:**

.....

**P/Code:**

.....

**Phone/Mobile:**

.....

**Fax:**

**Email:**

.....

**6. STATUTORY FEE**

**PAYMENT DETAILS**

**A statutory fee of \$145.00 is required with this application.**

The amount of this fee is valid for the period **1 May 2019 to 30 April 2020.**

CHEQUE or MONEY ORDER (Payable to **VICTORIAN PHARMACY AUTHORITY**)

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

**VISA or MASTERCARD** (Please circle)

Credit Card Number:

**EXPIRY DATE**   /

**CVV**

**AMOUNT: \$145.00**

**Name on Credit Card:**

.....

**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.