



Victorian Pharmacy Authority

Level 2, 15-31 Pelham Street
Carlton Vic 3053

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Form VP43

APPLICATION FOR APPROVAL OF A PERSON TO CARRY ON ANOTHER BUSINESS OR ACTIVITY IN REGISTERED PHARMACY PREMISES. SECTION 24 OF THE *PHARMACY REGULATION ACT 2010*

Section 24 of the Pharmacy Regulation Act 2010 states:

A licensee must not authorise, cause or permit any other person to carry on in the registered premises of the licensee any business or activity unless the business or activity is permitted by the licence or approved by the Authority.

Victorian Pharmacy Authority Guidelines

A business carried on within the pharmacy business (by a person other than the owner of the pharmacy business), must be compatible with the pharmacy business.

The Authority may approve a business other than a pharmacy business to be carried on in a pharmacy by a person other than the owner of the pharmacy business. The Authority will not approve any such business that it believes to be incompatible with a pharmacy business.

If the Authority approves another business to be carried on, it may impose conditions on the proprietor(s) of the pharmacy business.

The other business must be adequately identified as a separate and distinct business by signs; partitions, cubicles or rooms may also be provided.

The other business is not to sell or supply therapeutic goods within the pharmacy.

So that the pharmacist and staff are not distracted from providing a service in accordance with good pharmacy practice and the statutory provisions, the other business must be located so that the security of the pharmacy, privacy of pharmacy records or transactions, access to Schedule 4 and Schedule 8 poisons and access to the dispensary are not compromised. Access by clients and staff of the other business to toilets and hand basins must not be through the dispensary. The waiting area for the other business is to be situated away from the professional service area.

Any lease or agreement between the owner of the pharmacy business and the proprietor or operator of the other business should include a condition that the owner of the pharmacy business may terminate the lease or agreement if the proprietor or operator of the other business does not meet the above conditions.

An owner of a pharmacy business who wishes to have the Authority approve the carrying on of another business in the pharmacy premises should apply to the Authority in writing and provide:

1. details of the proposed business including a description of the goods and services to be offered by that business;
2. a plan of the approved premises showing where the business is to be located within the premises; and
3. details of signs to identify the business and its proprietor.

1 Pharmacy

1.1 Name of APPLICANT (pharmacy licensee) and the address for correspondence relating to this application:

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1.2 Name of pharmacy business and address of registered (pharmacy) premises:

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Phone:	Fax	Postcode:	Email::
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1.3 Type of registered premises (Circle one):

- Pharmacy
- Pharmacy Department
- Pharmacy Depot

2 Other business

2.1 State the nature of the other business proposed to operate within the registered premises (eg medical clinic)

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2.2 State the type of goods and services that will be offered or provided by the other business within the registered premises:

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3 Plans

3.1 Enclose a sketch floor plan of the registered pharmacy premises marked to show: *(The VPA offices may be able to supply a copy of the floor plan)*

- i) The location and perimeter of the operating area of the other business.
- ii) The location of the reception counter for the other business.
- iii) The location of the client waiting area for the other business.
- (iv) The location of staff facilities including meals areas, toilet and hand basin and personal storage that will be available for use by staff of the other business *(these areas must not be in or require access through dispensing or DAA packing areas).*
- (v) The location of signs to identify the other business and its proprietor.

4 Lease or agreement between the pharmacy licensee and the owner or operator of the other business:

Will the lease or agreement include a clause or condition to ensure: *(Circle Yes or No)*

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| i) The other business does not sell or supply therapeutic goods | Yes | No |
| ii) The other business is subordinate to the pharmacy business | Yes | No |
| iii) The other business will be carried on in a manner that does not distract the pharmacist and pharmacy staff from providing a service in accordance with the statutory provisions and good pharmacy practice | Yes | No |
| iv) The pharmacy licensee may terminate the lease or agreement if the proprietor or owner of the other business does not meet the above conditions | Yes | No |

And

- | | | |
|---|-----|----|
| v) An acknowledgement from the owner operator of the other business that he or she may not possess keys to the pharmacy or be on the premises unless a pharmacist is present. | Yes | No |
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5 DECLARATION

I / We, the applicant(s) hereby declare that the information provided in this application is true and correct -

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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.