



## Victorian Pharmacy Authority

Level 2, 15-31 Pelham St  
Carlton Vic 3053

Tel: 03 9653 1700

Email: [applications@pharmacy.vic.gov.au](mailto:applications@pharmacy.vic.gov.au)

### 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? (e.g. 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:** ..... **Email** ..... **Postcode** .....

**4. If you answered NO to Q 3, provide details of the pharmacist who will regularly and usually be in charge of the service**

Title: \_\_\_\_\_ Name: \_\_\_\_\_

\_\_\_\_\_

AHPRA Registration Number: \_\_\_\_\_

**5 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**

\_\_\_\_\_

\_\_\_\_\_

**6. CONTACT DETAILS**

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

**Name:**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

**P/Code:**

\_\_\_\_\_

**Phone/Mobile:**

\_\_\_\_\_

**Fax:**

**Email:**

\_\_\_\_\_

**7. STATUTORY FEE**

**APPLICATION FEE PAYMENT**

**A statutory fee of \$175.00 is required to be paid.**

Please go to the Victorian Pharmacy Authority website [www.pharmacy.vic.gov.au](http://www.pharmacy.vic.gov.au) to pay the application fee under "**Forms/payments**".

Email the completed form & payment receipt together to [applications@pharmacy.vic.gov.au](mailto:applications@pharmacy.vic.gov.au)

**Note: This application will not be processed unless the correct application payment receipt is attached.**

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.