



Australian Government

Department of Health

Request 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 (Secretary's Delegate) following a recommendation by the Australian Community Pharmacy Authority (Authority) that it not be approved because it did not meet the requirements of the rules determined by the Minister for Health and Aged Care (Minister) under section 99L of that Act (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proceedings before the Administrative Appeals Tribunal or Federal Court and the proceedings have not been discontinued, withdrawn, dismissed or otherwise finally determined.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 health.gov.au/ministerial-discretion or email details of your enquiry to 90Apharmacy@health.gov.au.

Lodging your request

This form, and any related attachments, must be lodged via the PBS Approved Suppliers Portal PBSApprovedSuppliers.health.gov.au.

Further information on how to lodge your form is available at www.health.gov.au/pbsapprovedsuppliers under Guides and Forms – *How to upload PDF forms or additional requested information*.

Please do **not** email your form as emailed forms may not be processed. Please do **not** email your form in addition to uploading it via the Portal as this adds to the processing time for all submissions.

Checklist

All questions are answered ☐

Form is signed and dated by all applicants
named in the request ☐

Copy of the ASIC extract attached (if applicable) ☐

Copy of the Administrative Appeals Tribunal or
Federal Court decision attached (if applicable) ☐

Copy of the letter from the Secretary's Delegate attached
(Note: this is **not** the letter from the Authority) ☐

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 (Department) for the purposes of assessing your request for the exercise of the Minister'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 request.

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)

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Applicant 2

Dr ☐ Mr ☐ Ms ☐ Other

Family/company name

First given name

Registration number (individual applicant only)

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Applicant 3

Dr ☐ Mr ☐ Ms ☐ Other

Family/company name

First given name

Registration number (individual applicant only)

P	H	A																	
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Applicant 4

Dr ☐ Mr ☐ Ms ☐ Other

Family/company name

First given name

Registration number (individual applicant only)

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

- 2** Is one or more of the applicant(s) named at question 1 a company, friendly society or other body of persons (corporate or unincorporate)?

No ☐ **Go to 4**

Yes ☐ Give details below

Tick ALL that apply

Company ☐

Friendly society ☐

Other ☐ Provide details

- 3** Authorised person(s) details

Authorised person 1

Which applicant (listed at question 1) is being represented?

Applicant number

Full name of person authorised to act on behalf of the above (e.g. Director).

Dr ☐ Mr ☐ Ms ☐ Other

Family name

First given name

Registration number

P	H	A																	
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I have attached evidence (e.g. Australian Securities and Investments Commission (ASIC) report) confirming my

authority to act on behalf of the above. ☐

Authorised person 2

Which applicant (listed at question 1) is being represented?

Applicant number

Full name of person authorised to act on behalf of the above (e.g. Director).

Dr ☐ Mr ☐ Ms ☐ Other

Family name

First given name

Registration number

P	H	A																	
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I have attached evidence (e.g. Australian Securities and Investments Commission (ASIC) report) confirming my

authority to act on behalf of the above. ☐



If there are more than 2 companies, friendly societies etc, attach a separate sheet with details.

You must provide the contact details of either an applicant or other nominated representative who is permitted to act on behalf of the applicant(s) and deal with the Department on all matters relating to **this** request.

Dr Mr Ms Other

Family name

First given name

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Postcode

Mobile phone number	
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Email

Details of the application rejected by the Secretary's Delegate, under section 90 of the *National Health Act 1953*.

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Attach a copy of the letter you received from the Secretary's Delegate notifying you of the decision to reject your application.

(It is important that you attach the correct letter. For guidance, refer to the Ministerial Discretion Guidelines available at www.health.gov.au/pbsapprovedsuppliers under Guides and Forms - Ministerial Discretion.)

Postcode

No ☐

Yes ☐



12 The rejected application sought to:

establish a new pharmacy approval **Go to 21**

relocate an existing pharmacy approval  **Go to 13**

Questions 13 to 20 are to be completed if this request relates to the relocation of an existing pharmacy approval.

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[illegible]

Postcode

16 All current approved pharmacists or persons acting on behalf of a company, friendly society, or the like must be named.

Family/company name

First given name

Family/company name

First given name

Family/company name

First given name

Current owner 4

Family/company name

First given name



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

Current owner(s) contact nominee

- 17** Name of a current owner that the Department can discuss this request with.

Family name

First given name

- 18** Postal address

Postcode

- 19** Daytime phone number

Mobile phone number

Email

Current owner(s) declaration and request

20 I/We declare that:

- the information provided in this form is complete and correct.

I/We request that:

- my/our approval under section 90 of the *National Health Act 1953* to supply pharmaceutical benefits at the premises described at the 'Existing approved premises' section of this form be cancelled under section 98 of the *National Health Act 1953* with effect immediately prior to granting an approval to the applicant(s) in respect of the new premises.

I/We understand that:

- giving false or misleading information is a serious offence.

Signature of current owner 1

Date

Signature of current owner 2

Date

Signature of current owner 3

Date

Signature of current owner 4

Date



If there are more than 4 current owners, 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.