



Australian Government

Department of Health,
Disability and Ageing

Appointment of a representative to prepare and submit an application

Purpose of this form

This form must be completed to allow an Appointed Representative to prepare and submit an application to the Australian Government Department of Health, Disability and Ageing (department) on behalf of the applicant(s). It does not allow the department to discuss the application with the Appointed Representative, unless they are also named as the contact nominee.

The Appointed Representative can be one of the applicants or the contact nominee named in the application, or another person appointed by the applicant(s).

For more information

Go to www.health.gov.au/pbsapprovedsuppliers.

For assistance completing this form, email details of your enquiry to pbsapprovedsuppliers@health.gov.au or call **1800 316 389** (call charges may apply).

Returning the form

Check all questions are answered and the form is signed and dated by all applicant pharmacists and/or all authorised persons for an applicant organisation.

This authorisation form should be lodged through the PBS Approved Suppliers Portal (Portal) PBSApprovedSuppliers.health.gov.au by attaching the completed form to the application at the 'Declarations' section.

Privacy and your personal information

Personal information is protected by law, including the *Privacy Act 1988*.

The department is collecting personal information provided via the Portal for the purposes of administering the Portal and assessing an application made under the *National Health Act 1953* (Act). The collection of personal information is authorised under that Act.

If you do not provide this information, the department will not be able to assess your application.

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/using-our-websites/website-privacy-policy/privacy-notice-for-the-pbs-approved-suppliers-portal.

PBS Approved Suppliers Portal Privacy Statement

The department is bound by the *Privacy Act 1988* and the Australian Privacy Principles (APPs).

Collection of personal information

Access and use of the Portal

The department collects your personal information when you apply to create a Portal user profile, and subsequently utilise the Portal to make and review applications.

This information is collected for the purposes of processing your user application and administering any permitted access to the Portal, including:

- confirming your identity and establishing your account credentials
- maintaining your contact details
- providing technical support and guidance
- verifying compliance with the Portal Terms and Conditions of Use
- verifying your user application
- monitoring and reviewing your use of, and access to data within, the Portal via an audit log
- investigating suspected improper use of the Portal
- where necessary, revoking your access to the Portal.

If you do not provide sufficient information to enable the creation of a user profile, you will be unable to make applications through the Portal.

Lodgement and processing of an application

The department collects your personal information when you use the Portal to apply, or apply on behalf of a pharmacist or organisation, to supply pharmaceutical benefits from a particular location.

Where you appoint a representative to apply on your behalf, you consent to the department collecting your personal information from that person, including information:

- contained in your application, including draft applications that are not submitted
- provided in response to requests for further information or supporting documents during the application process.

The department will also collect your personal information with your prior consent when you are nominated as the contact person for an application, or your personal information is contained in documents submitted as part of an application, or you are nominated as the payer of the application fee for an application (**Payer**).

The department will collect information confirming payment of the application fee from EasyPay or the Payer's financial institution. No credit card or bank account details will be collected.

As part of processing your application, the department may collect your information when:

- receiving comments on your application from pharmacists surrounding the location of the proposed pharmacy
- receiving information from the Australian Community Pharmacy Authority (Authority), including its recommendation on your application.

The collection of personal information, including the name of the applicant pharmacist, is authorised, as applicable, by ss 90, 91, 91A, 92 and 94 of the Act.

If you do not provide the application information, your application may be rejected or its assessment delayed.

Use and disclosure of personal information

The department ordinarily uses and discloses personal information for the collection purpose.

For each Portal user and Payer, the department will create a record in its Customer Record Management (CRM) system for administration purposes.

Where you make an application via the Portal or are nominated as the Payer, the department may link your application to your existing CRM record. Limited information in any earlier application linked to your CRM record may be used or disclosed to the Authority to assess any current application to supply pharmaceutical benefits from a particular location. Payer information will not be disclosed to the Authority.

Payer information may be linked to previous payer details if there is an exact match with the organisation name and ABN.

The department usually discloses information provided as part of an application, excluding Payer information, to:

- the Authority to assess the application
- other applicants and/or authorised persons for the application.

Only the address of the proposed pharmacy, and the section under which the application is made, will be disclosed to any surrounding pharmacy invited to comment on your application.

The department is unlikely to disclose your personal information to overseas recipients as the Portal terms and conditions requires users to access the Portal from within Australia only.

Access and amendment of information submitted via the Portal

Portal users can access current and historical details (excluding supporting documents) for applications they have submitted via the Portal. Only the user who submitted the application will have access to the application details.

Users who are an applicant or contact nominee for an application can request the manual linking of the application to their user profile by sending an email to **PBSApprovedSuppliers@health.gov.au** from the address used to register their user account, along with their full name and the application tracking ID. This will allow that user to view the status of the application, or make payment against the invoice for that application.

Once an application is submitted, it cannot be amended. However, an application can be withdrawn (noting that no refunds will be issued if payment has already been made) and a new application can be submitted with updated information. A fee would also apply to the new application.

Users can also view and update their contact details via the Portal.

Further information about privacy

The department has an APP privacy policy which you can read at **www.health.gov.au/resources/publications/privacy-policy**. You can obtain a copy of the APP privacy policy by contacting the department using the contact details set out at the end of this notice. The APP privacy policy contains information about:

- how you may otherwise access the personal information the department holds about you and how you can seek correction of it, and
- how you may complain about a breach of:
 - the APPs
 - a registered APP code that binds the department, and how the department will deal with such a complaint.

You can contact the department by:

- telephone on **(02) 6289 1555**
- freecall **1800 020 103**, or
- by using the online enquiries form at **www.health.gov.au**.

Authorisation

The Applicant(s) named below (**Applicants**) authorise(s) the Appointed Representative named below to prepare and submit an application for approval to supply pharmaceutical benefits at particular premises (**Application**) on their behalf, and:

- agree to accept any risk, cost and liability for the acts or omissions of the Appointed Representative in relation to the Application;
- agree that the department is not liable for loss or damage suffered by the Applicants as a result of nominating the Appointed Representative to complete and submit the Application on their behalf, including for any acts or omissions of the Appointed Representative;
- acknowledge that it is the responsibility of the Applicants to notify the department if the Applicants no longer authorise the Appointed Representative to represent them in relation to the Application;
- consent to the department collecting their personal information from the Appointed Representative submitting the Application, from any Applicants listed below, or from any other contact nominee named in the Application, for the purposes set out above and as outlined in the privacy statement attached to this form;
- acknowledge that the contents of the Application may be disclosed to other associated parties to the Application; and
- grant (or will procure) a royalty-free, non-exclusive licence for the department and the Authority established under the Act to use, reproduce and adapt the information and material included in, or in support of, the Application for the purpose of making an assessment of the Application.

Appointed Representative

1 Dr Mr Ms Other

Family name

First given name

2 Company name

3 Postal address

Postcode

4 Daytime phone number

Email

Applicant(s)

- 5 All applicant pharmacists and/or all authorised persons for an applicant organisation (i.e. company directors and/or friendly society approved representatives) must sign this form.

Full name of the applicant (pharmacist or organisation)

Full name of authorised person for the above organisation (if applicable)

Signature of pharmacist or authorised person

Date / /

Full name of the applicant (pharmacist or organisation)

Full name of authorised person for the above organisation (if applicable)

Signature of pharmacist or authorised person

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Signature of pharmacist or authorised person

Date / /



If there are more than 4 applicants or authorised persons for an applicant company or friendly society, attach a separate sheet with details.