



Australian Government

Department of Health,
Disability and Ageing

Request for Ministerial approval to supply pharmaceutical benefits at particular premises

Purpose of this form

Complete this form if you are a pharmacist requesting Ministerial approval to supply pharmaceutical benefits at particular premises under subsection 90A(2) of the *National Health Act 1953* (Act).

Important information

A request can only be made if an application for approval under section 90 of the Act has been rejected by the Delegate of the Secretary of the Department of Health, Disability and Ageing (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 Ageing (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proceedings before the Administrative Review Tribunal or Federal Court and the proceedings have not been discontinued, withdrawn, dismissed or otherwise finally determined.

For more information

For more information refer to the Ministerial Discretion Guidelines available at www.health.gov.au/pbsapprovedsuppliers under Guides and Forms - 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 (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 will not be processed.

Checklist

All questions are answered

Applicant details are the same as the rejected s90 application

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

Copy of the current ASIC extract attached (if applicable)

Copy of the Tribunal or 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, Disability and Ageing (department) for the purposes of assessing your request for the exercise of the Minister's discretion under section 90A of the Act 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/using-our-websites/website-privacy-policy/privacy-notice-for-the-pbs-approved-suppliers-portal.

Contact nominee for this request

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.

4 Contact nominee's details

Dr Mr Ms Other

Family name

First given name

5 Company name

6 Postal address

Postcode

7 Daytime phone number

Mobile phone number

Email

Rejected application details

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

8 Application number

9 Date you received the letter from the Secretary's Delegate notifying you of the decision to reject your application



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.)

10 Address of proposed premises

Postcode

11 Is/Was the decision of the Secretary's Delegate the subject of a proceeding before a Tribunal or Court?

No

Yes



Attach a copy of the Tribunal or Court decision.

12 The rejected application sought to:

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

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

Existing approved premises

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

13 Current PBS approval number

14 Pharmacy business (trading) name

15 Address of current pharmacy premises

Postcode

Current owner(s)

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

Current owner 1

Family or company name

First given name

Current owner 2

Family or company name

First given name

Current owner 3

Family or company name

First given name

Current owner 4

Family or 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 Act to supply pharmaceutical benefits at the premises described at the 'Existing approved premises' section of this form be cancelled under section 98 of the Act 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 Act 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.