

**APPLICATION**

**SECTION A – APPLICANT INFORMATION**

Name of Pharmacy:

Name of Pharmacy Owner:

Contact Person:

Pharmacy Street Address:

Suburb:  State:  Postcode:

Phone:  Email:

ABN:

Pharmacy s90 PBS Approval Number:

Bank Account to which payments are to be made:

Bank:  Account Name:

BSB:  Account Number:

**SECTION B – EMPLOYMENT DETAILS**

Start date of newly registered pharmacist:

Finish date of newly registered pharmacist:

Did the newly registered pharmacist complete their intern year at the pharmacy stated on this form? Yes  No

**SECTION C – NEWLY REGISTERED PHARMACIST**

Name:

Mailing Address:

Suburb:  State:  Postcode:

Phone:  Mobile:

Email:

Date of Birth:

Is the newly registered pharmacist an Australian citizen or permanent resident? Yes  No

*(The newly registered pharmacist must be an Australian citizen or permanent resident to be eligible. Please send certified evidence with the application form.)*

Gender Male  Female

Name of the university at which the newly registered pharmacist completed their pharmacy degree:

## SECTION D – COMMUNITY PHARMACY DECLARATION

This declaration is a legally binding document and indicates that you have to the best of your knowledge provided true and correct information.

I understand that the following are conditions of the Intern Incentive Allowance for Rural Pharmacies – Extension Programme and that I may lose my entitlement to this Allowance and future Allowances if I do not at all times comply with every condition.

I declare that:

- I am the pharmacist approved under Section 90 of the *National Health Act (1953)*. I confirm that the pharmacy described in this application is currently actively trading and is expected to continue to actively trade for the duration of the placement period.
- I have retained the newly registered pharmacist for whom I acted as the preceptor during their intern year and have entered their details at Section C.
- The newly registered pharmacist I have employed meets the eligibility criteria set out in the Intern Incentive Allowance for Rural Pharmacies – Extension Programme, Programme Specific Guidelines.
- I have read and understood the Programme Specific Guidelines and by signing this declaration I am indicating my agreement to abide by the terms of the Intern Incentive Allowance for Rural Pharmacies – Extension Programme.
- The information provided on this application form is true, correct and complete to the best of my knowledge.
- If any of the following circumstances occur I will inform the 6CPA Support Team within 21 days and repay any monies I am not entitled to under the Intern Incentive Allowance for Rural Pharmacies – Extension Programme:
  - The newly registered pharmacist to whom the Allowance applies ceases employment with the pharmacy
  - The Community Pharmacy ceases to be actively trading
  - The Community Pharmacy is sold
  - The Community Pharmacy is unable to submit reports within the specified timeframe
- After six months I will provide a Mid-Placement report prior to receiving the second instalment of funds. I agree to provide an End Placement report before the last payment will be made.

I understand that:

- Allowances are limited on the basis of available funds. Lodging an application form does not guarantee that I will receive an Allowance.
- There may be penalties for providing false or misleading information.
- Incomplete or late applications will not be accepted.

I agree that:

- I will participate in processes to enable the short and long term evaluation of the Intern Incentive Allowance for Rural Pharmacies – Extension Programme.

**I accept the above terms and conditions.**

Name:

Signature:  Date:

## SECTION E – AGREEMENT TO ISSUE RECIPIENT CREATED TAX INVOICES (RCTI)

Name of Community Pharmacy:

Pharmacy ABN:

AND

**The Pharmacy Guild of Australia – National Secretariat** ABN: 84 519 669 143

Hereby agree:

- That The Pharmacy Guild of Australia – National Secretariat will issue recipient created tax invoices in relation to the supply of goods or services dealing with the Intern Incentive Allowance for Rural Pharmacies – Extension Programme to The Pharmacy Guild of Australia – National Secretariat by the Pharmacy for a period of time commencing at the date of this agreement until this agreement is terminated with the consent of both parties or is no longer effective as a result of the requirements relating to recipient created tax invoices no longer being met by The Pharmacy Guild of Australia – National Secretariat or the Pharmacy;
- That the Pharmacy will not issue tax invoices in respect of any supplies covered by this agreement;
- That the Pharmacy acknowledges that it is registered for GST at the time of entering into this agreement with The Pharmacy Guild of Australia – National Secretariat;
- That the Pharmacy will notify The Pharmacy Guild of Australia – National Secretariat if the Pharmacy ceases to be registered for GST;
- That The Pharmacy Guild of Australia – National Secretariat acknowledges that it is registered for GST at the time of entering into this agreement;
- That The Pharmacy Guild of Australia – National Secretariat will notify the Pharmacy if The Pharmacy Guild of Australia – National Secretariat ceases to be registered for GST;
- That The Pharmacy Guild of Australia – National Secretariat will indemnify the Pharmacy for any liability for GST and/or penalty payable by the Pharmacy that has arisen directly as a result of an understatement of the amount of GST payable, as disclosed on a recipient created tax invoice issued by The Pharmacy Guild of Australia – National Secretariat in respect of a supply covered by this agreement;
- That The Pharmacy Guild of Australia – National Secretariat will not indemnify the Pharmacy for any liability for GST and/or penalty payable by the Pharmacy as a result of the Pharmacy failing to comply with any or all of its taxation obligations or actions which are outside of the control of The Pharmacy Guild of Australia – National Secretariat;
- That The Pharmacy Guild of Australia – National Secretariat will issue to the Pharmacy a copy of the recipient created tax invoices issued under this agreement and retain the original copies for its own records;
- That The Pharmacy Guild of Australia – National Secretariat will issue to the Pharmacy an adjustment note where a supply made under this agreement is subject to an adjustment event [as defined by Subdivision 19-A of the A New Tax System (Goods and Services Tax) Act 1999];
- That all recipient created tax invoices or adjustment notes issued to the Pharmacy by The Pharmacy Guild of Australia – National Secretariat under this agreement will contain all necessary information as required under the A New Tax System (Goods and Services Tax) Act 1999 and A New Tax System (Goods and Services Tax) Regulations 1999 (Statutory Rules 1999 No.245); and
- That The Pharmacy Guild of Australia – National Secretariat will not issue a recipient created tax invoice earlier than the date of effect of its GST registration, or for any supply received before that date and that The Pharmacy Guild of Australia – National Secretariat will not issue a recipient created tax invoice on or after the date of effect of the cancellation of its GST registration, or for any supply received on or after that date.

Signed by:

Position:

Chief Operating Officer

On behalf of:

The Pharmacy Guild of Australia –  
National Secretariat

Date:

19 Feb 2012

Signed by:

Position:

On behalf of:

Date:

## SUBMISSION INFORMATION

Please return this form via email to: [ruralpharmacy@6cpa.com.au](mailto:ruralpharmacy@6cpa.com.au)