

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