

**PHARMACIST END PLACEMENT REPORT**

Name of Pharmacy:

Name of Pharmacy Owner:

Address of Pharmacy:

Suburb:  State:  Postcode:

Phone:  Email:

1. How did the availability of this Allowance influence your decision to employ the newly registered pharmacist?

2. Has the availability of the Allowance influenced you to employ further newly registered pharmacists? Please provide a brief description as to how:

3. From the list below, please select the options that best describe how the Allowance has assisted you in employing a newly registered pharmacist:

- Subsidised accommodation (e.g. assistance with rent)
- Assistance with relocation costs
- Assistance with employment expenses
- Travel
- Other

If you selected other please specify how the Intern Incentive Allowance – Extension Programme has been spent:

4. Please provide any general comments about the Allowance:

## DECLARATION

I certify that  was employed in accordance with the Intern Incentive Allowance for Rural Pharmacies – Extension Programme, Programme Specific Guidelines and that all information provided in this report is true, correct and complete.

Name:

Date:

## SUBMISSION INFORMATION

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