

## PHARMACIST MID-PLACEMENT REPORT

Name of Pharmacy:

Name of Pharmacy Owner:

Address of Pharmacy:

Suburb:  State:  Postcode:

Phone:  Email:

From the list below, please select the options that best describe how the Allowance has assisted you in employing a newly registered pharmacist (the list is not limited to these topics – please select all that apply):

- 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:

### 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)