

# NEWLY REGISTERED PHARMACIST END PLACEMENT REPORT

Name:

Mailing Address:

Suburb:  State:  Postcode:

Phone:  Email:

Name of pharmacy where you spent your intern year:

1. Where do you plan to work next year? (Please provide the pharmacy name and location)

2. How has this experience encouraged you to practise in a rural area?

3. Please provide any other comments you would like to make in relation to the Allowance:

Name:  Date:

## SUBMISSION INFORMATION

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