



Application for Section 100 Support Allowance

(For applications to be valid all details need to be completed and declarations signed and dated)

Eligible applicant to complete this section

Application type

Indicate whether this is a:

New application or Renewal application

Name of approved community pharmacy/
approved hospital authority

Name of approved pharmacist/
approved hospital authority contact

ABN

Eligible applicant PBS Approval Number

Street address

Postal address

Declaration

I confirm that:

- I am providing the Section 100 Support Services to the approved Remote Area Aboriginal Health Service (AHS) named below, as per the approved Program Specific Guidelines and via arrangements made under Section 100 of the *National Health Act 1953*.
- the nominated AHS has provided appropriate advice on local Aboriginal and Torres Strait Islander Community arrangements and health issues; and
- I have undertaken appropriate Aboriginal and Torres Strait Islander people cultural orientation using the resources contained in the Program's Information Kit.

I declare that the information given by me in this application is true and correct.

Signature of approved pharmacist/approved hospital authority contact:

Date:



Australian Government
Department of Health and Ageing

Application for Section 100 Support Allowance
(continued)

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**Chief Executive Officer or Medical Director of
Aboriginal Health Service to complete this section**

AHS name

Physical address

Postal address

Outstations

(Please provide details of any Outstations of this AHS to which the named eligible applicant is providing support services on the attached Distance Details form)

s100 Approval Number

Commencement date
(current reporting cycle)

(The agreed date with the above eligible applicant to start Section 100 Support Services)

Declaration

I declare that:

- this AHS has entered into an agreement with the named eligible applicant for the provision of services to support supply arrangements made under Section 100 of the *National Health Act 1953*;
- an agreed work plan for QUM Support Services to be provided over the next 12 months has been developed between the named eligible applicant and this AHS; and
- the named eligible applicant has been advised on local Aboriginal and Torres Strait Islander Community arrangements and health issues.

Signature:

Date:



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(continued)

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Distance details

Please use a separate form for each AHS

Primary AHS name/ s100 Approval Number	Distance in km for a round trip between the AHS and pharmacy or hospital authority	Is the AHS on an island? Y/N	Usual mode of travel e.g. car, boat, aircraft

Outstation name	Distance in km for a round trip between the Outstation and pharmacy or hospital authority	Is the Outstation on an island? Y/N	Usual mode of travel e.g. car, boat, aircraft

Outstation

For the purpose of this allowance, an Outstation is defined as a remote, permanent Health Service of the primary Aboriginal Health Service, where prescription ('Schedule Four') medicines are stored in compliance with an approval issued by the relevant State/Territory Health Authority; and is staffed by at least one permanent Health Care Worker.

Declaration

I declare that the AHS and Outstation information provided on this form is true and correct.

Eligible applicant name

CEO/Medical Director name

Signature of the approved pharmacist/approved hospital authority contact

Signature

Date

Date