

# THE PHARMACY BOARD OF TASMANIA

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Registrar

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PB:FORMS:APPLIC-NEW REG)

## PHARMACISTS REGISTRATION ACT 2001

### APPLICATION FOR REGISTRATION AS A PHARMACIST

Family Name Mr Mrs Ms Other .....  
(Please Use Block Letters)

Given Names ..... Sex M/F.....

Date of Birth..... Place of Birth.....

Address.....  
(This address will be recorded on the register and used for all mail)

..... Postcode.....

Telephone (.....)..... Mobile .....

E-mail: .....

#### Pharmacy Qualification entitling registration:

Place of education.....

Date commenced..... Date completed.....

Full description of degree or other qualification.....

Other qualifications.....

Registration.....  
(Give details of any authority with which you are currently registered)

Intended primary practice name and address (if any).....  
(Give details of your intended practice location)

#### Professional Indemnity Insurance:

Name of insurer..... Amount.....

#### Personal Information Protection Statement

The Pharmacy Board of Tasmania collects personal information from you for the purpose of processing this application. You are required to provide this information by the Pharmacists Registration Act 2001. Failure to provide this information may result in your application not being processed.

Your personal information will be used for the primary purpose for which it is collected and may be disclosed to other authorised organisations. Some information will be recorded on the Register of Pharmacists, which is a public document. Your basic personal information may be disclosed to other public bodies where necessary for the efficient storage and use of the information.

Personal information will be managed in accordance with the Personal Information Protection Act 2004 and may be accessed by the individual to whom it relates on request to the Pharmacy Board. Full details of the Pharmacy Board's Privacy Policy may be obtained by writing to the Board or from the Board's website [www.regboardstas.com/pharmacy](http://www.regboardstas.com/pharmacy)

**DECLARATION BY APPLICANT:**

I *Name*.....*of*  
*Address*.....  
*Occupation*.....

do solemnly and sincerely declare that:

- (a) I am the person named in this application and that the statements made in this application and in the attached documents are to the best of my knowledge and belief true and correct.
- (b) I am not the subject of disciplinary proceedings in any State or Territory (including any preliminary investigations or action that might lead to disciplinary proceedings) in relation to my occupation as a pharmacist.
- (c) my right to practise as a pharmacist in another State or Territory or another Country has not been cancelled or suspended and not restored.
- (d) I am not personally prohibited from practising as a pharmacist in any State or Territory, nor am I subject to any special conditions in carrying on that practice as a result of criminal, civil or disciplinary proceedings in any State or Territory.
- (e) I do not have any physical or mental impairment which would affect my ability to practise as a registered pharmacist.
- (f) I have not been found guilty of any criminal offence in Tasmania or any other jurisdiction.
- (g) I have entered/intend to enter into, before practising, an approved professional indemnification agreement.

AND I hereby give consent to the making of inquiries of, and the exchange of information with, the authorities of any State or Territory regarding my activities in the practice of pharmacy, or otherwise regarding matters relevant to this notice.

AND I make this solemn declaration under the Oaths Act 2001

Declared at ..... the ..... day of ..... 200 .....

Signature.....

Before me, .....  
*Commissioner of Declarations*

*Name*.....

*Address*.....

*Occupation*.....

**Statutory Declaration**

The information provided in the application must be verified by Declaration under the Oaths Act 2001. The list of persons who may witness a Statutory Declaration are set out in that Act and include a Justice of the Peace, barrister and solicitor of the Supreme Court, member of the police force, registered medical practitioner, dentist, pharmacist and bank manager.

The application will be rejected unless it is properly witnessed and includes the full name, address and qualification of the witness.

**NOTES:**

**This application for Registration will only be processed on receipt of:**

- (a) Original or certified copy of Degree**
- (b) Original or certified copy of First Aid Certificate**
- (c) Registration fee (\$360)**
- (d) Application fee (\$250)**
- (e) Proof of Professional Indemnity cover**
- (f) Photographic proof of identity such as a driver’s licence**
- (g) Passport size photograph**