

Access Point Application - Pharmacy

Instructions:

Use this form to apply to become an NDSS Pharmacy Access Point.

Approved pharmacies throughout Australia satisfying the eligibility criteria in the Guidelines may apply for appointment as an Access Point. Your application will be assessed and you will be provided with a response within 20 business days on receipt of a completed application. A detailed application will assist with the application process.

The completed form should be sent by:

- Post to **NDSS Agent, GPO Box 9824 in your capital city or**
- Email to **the NDSS Agent in your State/Territory (Refer to Appendix A).**

Please refer to the Access Point Guidelines for further information regarding the eligibility criteria and application process.

Important Note:

You will need to provide evidence of the following at the time of application or when a site inspection is conducted:

- Pharmaceutical Benefits Scheme approval,
- current business registration,
- registration for GST,
- CSO Distributor account and PharmX account.

PART A: Applicant Details		
Business Name:		
ABN:		
Trading Name:		
Contact Name:		
PharmX Account:		
CSO Distributor:	CSO Distributor Account:	
Address:		
Locality:	State:	Postcode:
Phone:	Mobile:	Fax:
Business Email:		
Owner's Name:		
Owner's Email:		

PART B: Business Details		Yes	No				
1. Does your pharmacy have Pharmaceutical Benefits Scheme approval? If yes, provide PBS approval number:		<input type="checkbox"/>	<input type="checkbox"/>				
2. Is your pharmacy accredited with a relevant industry standard? If yes, provide the name of the accreditation program or scheme below and attach a copy of the accreditation certificate to this application.		<input type="checkbox"/>	<input type="checkbox"/>				
PART C: Information Technology		Yes	No				
The following questions will indicate to us the ability of your business to utilise NDSS Connect.							
1. Is there a computer on the business premises?		<input type="checkbox"/>	<input type="checkbox"/>				
2. Are there business systems and hardware capable of operating and connecting to the Diabetes Australia operating system (NDSS Connect) for ordering the supply and recording the delivery of Products to Registrants?		<input type="checkbox"/>	<input type="checkbox"/>				
3. Is a suitable internet service available to operate a point of sale system at the business premises?		<input type="checkbox"/>	<input type="checkbox"/>				
Please provide details:							
PART D: Level of Interest & Commitment to Diabetes		Yes	No				
The following questions relate to your business' level of interest and commitment to providing specialty services to people with diabetes.							
1. Are you prepared to make all staff available for initial and ongoing NDSS training? (please speak to your NDSS Agent for training requirements)		<input type="checkbox"/>	<input type="checkbox"/>				
2. Do you currently have diabetes training and education programs in place for staff?		<input type="checkbox"/>	<input type="checkbox"/>				
Please provide details:							
3. Can your business cater for language and cultural needs in your area?		<input type="checkbox"/>	<input type="checkbox"/>				
Please provide details:							
Please state your opening hours:	Mon:	Tues:	Wed:	Thurs:	Fri:	Sat:	Sun:

PART E: ADDITIONAL COMMENTS THAT MAY SUPPORT YOUR APPLICATION:

PART F: Applicant Declaration

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

Applicant Signature: _____ **Dated:**
_ / _ / _

Name/Position: _____

Office Use Only

Date Received:

Received by: