



Part G. Consent and declaration

Applicant:

I consent to the Council collecting, using and disclosing my personal information for the purpose of determining this application and any matters related to the pharmacy business licence, if granted.

I consent to the Council making enquiries of, and exchanging information with, the authorities of any Australian State or Territory, or of the Commonwealth, regarding any matters relevant to this application (which may include requesting a criminal history check).

I declare that, to the best of my knowledge, all information provided in, and with, this application form is true and correct in every detail.

I acknowledge that it is an offence under section 71 of the PBO Act to provide any false or misleading information or documents to the Council.

I understand that, if anything stated in this application form, or provided with this application form, is false or misleading, any pharmacy business licence granted may be suspended or cancelled.

I acknowledge that, if a pharmacy business licence is granted, I will have an ongoing obligation to notify the Council, within 14 days, of any changes in circumstances as set out in Part 6 of the PBO Act.

If I am an eligible non-practising pharmacist, I acknowledge that, from 1 November 2027, I will need to hold a practising registration as a pharmacist under the Health Practitioner Regulation National Law, in order to remain eligible to own, or hold an interest in, a pharmacy business in Queensland.

I authorise the representative who has been nominated in this application to:

- receive correspondence, on my behalf, from the Council in relation to this application; and/or
- act on my behalf in relation to this application

as specified in this application (if applicable).

Signature

Full name and position held

Date (DD/MM/YYYY)