



FORMS 1A/1B/2/5
Pharmacy Business Ownership Act 2024
Annexure

Fit and proper person details – Individual

This annexure must be completed by:

- each natural person applying for a pharmacy business licence;
- AND
- each director and each shareholder of a corporation applying for a pharmacy business licence.

If you are an individual who is both a director and shareholder of an applicant corporation, you only need to complete the form as a director (i.e. you only need to complete the form once).

An executive officer of an applicant corporation must also complete the ***Fit and proper person details – Corporation*** annexure on behalf of the corporation.

Privacy collection notice – please read carefully.

In addition to the Queensland Pharmacy Business Ownership Council (Council)'s obligations in respect of confidential information under the *Pharmacy Business Ownership Act 2024* (Qld) (PBO Act), the Council is also subject to the *Information Privacy Act 2009* (Qld) (IP Act) in how the Council collects, uses, discloses, stores, manages and deals with personal information. The requirements of the IP Act are reflected across all aspects of the Council's personal information processes and procedures.

The personal information provided in, and with, this form is collected by the Council under the PBO Act. The Council will use this information for the purposes of administering the PBO Act, including to assess your application or notification under the PBO Act and to communicate with you about the Council and the PBO Act. If you do not provide some or all of the information requested in this form, the Council will not be able to assess your application or notification. All personal information collected by the Council is processed and stored in Australia.

Your personal information may be disclosed by the Council to authorities of any Australian State or Territory, or of the Commonwealth (including for the purpose of requesting a criminal history check). The Council will only disclose your personal information with your consent or as otherwise permitted by the PBO Act and the IP Act.

Further information about the Council's personal information practices, and its commitment to dealing with personal information in accordance with the IP Act, can be found in the Council's Privacy Policy, available here: <https://www.pboc.qld.gov.au/about-us/corporate-information/policies-and-registers/privacy-policy>

The Privacy Policy contains information about how you may seek access to, or correction of, your personal information held by the Council, how you may make a privacy complaint, and how the Council deals with privacy complaints.





Pharmacy business name: _____

A. Personal details

Personal details

Title: _____ Surname: _____

Given name/s: _____ Date of birth: _____

	YES	NO
Are you completing this annexure in your capacity as a shareholder or director of a corporation?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered 'Yes' to the above question, complete the details below:

Company name: _____

Australian Company Number (ACN): _____

Your position/role: _____

B. Fit and proper person details

Fit and proper person details

	YES	NO
Do you currently hold a pharmacy business licence in Queensland?	<input type="checkbox"/>	<input type="checkbox"/>

If 'Yes', provide licence number: _____

Have you previously ever held a pharmacy business licence in Queensland?	<input type="checkbox"/>	<input type="checkbox"/>
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If 'Yes', provide previous licence number/s: _____

Do you currently hold, or have you previously ever held, a pharmacy business licence in Queensland that was suspended or cancelled?	<input type="checkbox"/>	<input type="checkbox"/>
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If 'Yes', provide details:



Fit and proper person details <i>(continued)</i>	YES	NO
Do you currently hold, or have you previously ever held, a pharmacy business licence in Queensland that was subject to any conditions?		

If 'Yes', provide details:

Are you a party to a contract, agreement or arrangement containing a provision which purports to authorise or permit a person (other than an owner of a licensed pharmacy business) to do any of the following:		
• control how pharmacy services involving medicines are provided to the public by the business?		
• restrict the types of medicine or health service the business may provide to the public?		
• require medicine for the business to be bought from a particular supplier?		
• impose a sales target for the business in relation to a particular medicine?		

If 'Yes', provide details and provide a copy of the contract, agreement or arrangement:

Have you ever been convicted of an indictable offence? This includes an act or omission committed outside Queensland that would be an indictable offence if it were committed in Queensland.		
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If 'Yes', provide details:



Fit and proper person details <i>(continued)</i>	YES	NO
<p>In relation to the <i>Pharmacy Business Ownership Act 2024, Pharmacy Business Ownership Act 2001, Medicines and Poisons Act 2019</i> or the Health Practitioner Regulation National Law, have you, or a company of which you were an officer (within the meaning of the <i>Corporations Act 2001 (Cth)</i>):</p>		
<ul style="list-style-type: none"> ever contravened the legislation (whether or not convicted of an offence)? 		
<i>If 'Yes', provide details:</i>		
<ul style="list-style-type: none"> ever been convicted of an offence? 		
<i>If 'Yes', provide details:</i>		
<ul style="list-style-type: none"> ever held a licence that was suspended or cancelled? 		
<i>If 'Yes', provide details:</i>		
<ul style="list-style-type: none"> ever been refused a licence? 		
<i>If 'Yes', provide details:</i>		
<p>Are you or have you ever been:</p> <ul style="list-style-type: none"> an insolvent under administration; or disqualified from managing corporations under the <i>Corporations Act 2001 (Cth)</i>? 		
<i>If 'Yes', provide details:</i>		



Fit and proper person details <i>(continued)</i>	YES	NO
Are you currently registered to practise in the pharmacy profession under the Health Practitioner Regulation National Law?		
<i>If 'Yes', provide Ahpra registration number:</i> _____		
Have you ever had any condition, undertaking, suspension or cancellation apply under the Health Practitioner Regulation National Law in relation to your registration to practise in the pharmacy profession?		
Have you previously ever been registered to practise in the pharmacy profession under the Health Practitioner Regulation National Law?		
<i>If 'Yes', provide previous Ahpra registration number:</i> _____		
Have you ever had any condition, undertaking, suspension or cancellation apply under the Health Practitioner Regulation National Law in relation to your registration to practise in the pharmacy profession?		
<i>If 'Yes', provide details:</i>		
Have you ever owned a pharmacy business in a State or Territory, other than Queensland?		
<i>If 'Yes', has that business ever been subject to regulatory action including but not limited to:</i>		
<ul style="list-style-type: none"> • Suspension, cancellation or other revocation, imposition of conditions or other restrictions 		
<i>If 'Yes', provide details, including licence, registration or other reference number:</i>		
Are there any other matters that you consider relevant to whether you are a fit and proper person to own a pharmacy business?		
<i>If 'Yes', provide details:</i>		



C. Consent and declaration

Consent and declaration

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 which may affect my fitness and propriety (or the fitness and propriety of a corporation of which I am a director or shareholder) to own a pharmacy business, under section 76 of the PBO Act.

Signature

Full name and position held

Date (DD/MM/YYYY)

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