

New Premises

Application form

Section One – New Premises Details

1. Are the new premises owned by: *Please 'X'*

Sole Trader

Limited Company/Body Corporate

Partnership

Hospital

2. Name of Limited Company/Body Corporate (if Sole Trader or Partnership, go to number 3)

3. Print full name of Owner(s) or Superintendent

Surname

Forename

4. Details of premises to be registered

Trading name

Building number

Street

Town

County

Postcode

Telephone number

5. Details of manager of premises

Name

Registration number

6. Health Board (W/S/E/N/SE)

7. HS Contract? *Please 'X'* Yes No

8. Date from which premises will be ready for inspection

9. Proposed date of opening

10. Write a brief description of the internal layout describing where medicines are to be sold, supplied, prepared, dispensed, or stored to supplement the plans, if appropriate

11. Person to contact concerning this application

Name

Telephone number

Section Two – Declaration

I declare the premises are arranged to enable the responsible pharmacist to exercise supervision over dispensing, sale of medicines and all pharmacy procedures.

Print Name

Signature

Date

Section Three – Payment Details

Please indicate the method of payment for your registration fee of £113. Payments are taken on submission of an application.

Cheque Debit card Phone payment

To make payment over the phone, please call 02890 326927 and select option 4 for the Finance Department. Please note that payments can only be processed from debit cards. This phone line is available during normal office hours.

Voluntary payments - If you wish to make a contribution to the Pharmacists' Advice and Support Service (PASS), please visit: www.pfni.org.uk

Notes

Please enclose 2 copies of the plans for the area to be registered.

The plans **must** indicate:

- a. where the dispensary is (including size in meters squared – 15 m² minimum)
- b. location of CD cabinet/safe
- c. location of sinks
- d. entrances and exits
- e. the area to be registered should be outlined in red

Please ensure that you have completed all relevant information on this form and have enclosed the fee of £113.

Completed applications and supporting documentation can be posted to: Registration Department, Pharmaceutical Society NI, 73 University Street, Belfast, Co. Antrim, BT7 1HL. Alternatively, you may submit your application by email to registration@psni.org.uk