

# Registration of Temporary Premises

Application form

## Section One – Registration Details

1a. Name of Body Corporate (If Sole Trader or Partnership, go to number 2)

1b. Certificate of Incorporation Number

2. Full name and registration number of pharmacist owner(s)/Superintendent

Surname

Forename

Registration number

Surname

Forename

Registration number

3. Details of original premises

Trading name

Building number &  
Street name

Town

County

Postcode

4. Details of temporary premises to be registered

Trading name

Building number &  
Street name

Town

County

Postcode

5. Date from which temporary premises will be ready for inspection

6. Proposed date of opening temporary premises

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

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

9. 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

10. Date from which original premises will be ready for inspection

11. Proposed date of opening original premises

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

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

14. 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 and sale of medicines at one and the same time. I understand and acknowledge the duty of any person running a retail pharmacy business to secure compliance with professional obligations.

Print Name

Signature

Date


## Section Three – Payment Details

Please indicate the method of payment for the application 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](http://www.pfni.org.uk)

## Notes

Please enclose the following:

- 2 copies of the plans, drawn to scale, for the temporary pharmacy to be registered (outline registered area in red).
- 2 copies of the plans, drawn to scale, of the original premises to be registered (outline registered area in red).
- Fee of £113

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

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](mailto:registration@psni.org.uk)