

Pharmacists Board of Queensland

Form P 1601

APPLICATION FOR REVIEW OF CONDITIONS ON REGISTRATION

Section 93 Pharmacists Registration Act 2001

Payment address: GPO Box 2438
Brisbane, Qld 4001
Location: 8th Floor, Forestry House
160 Mary Street, Brisbane, Qld 4000
Counter Hours: 9.00 am to 4.00 pm
Monday to Friday

Payment enquiries: +61 (0) 7 3225 2516
General enquiries: +61 (0) 7 3225 2516
Fax: +61 (0) 7 3225 2527
ABN: 68701 568 189

I hereby apply for a review of the conditions on my General Registration under section 93 of the *Pharmacists Registration Act 2001*, and I enclose the **PRESCRIBED FEE OF \$130.00**.

Family Name:	
Given Names:	
Postal Address:
Contact Number(s):	
Registration Number:	
Date of expiry of conditions:	

I believe that the conditions on my registration are no longer appropriate for the following reasons:
[if insufficient space please set out on separate page]:

.....
Signature

IMPORTANT NOTE: The application must **not** be made –
(a) during the review period applying to the condition; or
(b) while an appeal to the District Court about the decision to impose conditions is pending.

---DO NOT DETACH---

For this payment to be accepted you must complete all sections below (please see notes on payment on the reverse).

To assist with credit card processing, please provide a daytime contact no. _____

VISA MASTERCARD BANKCARD

CARD NUMBER _____

EXPIRY DATE CARD HOLDER'S NAME

(Print)

CARD HOLDER'S SIGNATURE

AMOUNT **\$ 130.00** GST Exempt

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NOTES ON PAYMENT:

Preferred payment is by post, addressed to GPO Box 2438 Brisbane, Qld 4001. Alternatively you may pay in person at the Board's office or complete the credit card authority on the reverse. Credit Card Payments (Visa, Mastercard or Bankcard) can be accepted through the mail or over the counter only, not by fax or phone.

Please make money orders and cheques payable to Pharmacists Board of Queensland. **DO NOT** send cash by post. Payment must be in Australian Dollars. Payment in foreign currency or cheques, or direct Bank Transfer cannot be accepted.

Please also note: If you have changed your name, documentary evidence, (e.g. **certified** copy of Marriage Certificate or Deed Poll) **MUST BE SUPPLIED**. (A certified copy is a photocopy which has been certified by a Justice of the Peace, a Commissioner for Declarations, or a Notary, as being a true copy.)

PRIVACY STATEMENT

The Pharmacists Board of Queensland is collecting the information on this form in order to review the conditions on your registration as a Pharmacist under the *Pharmacists Registration Act 2001*.

Your name, registration address, qualifications, type of registration and any conditions of registration (other than details of mental and physical health which the Board has decided not to record) are entered on the Register, which is available to the public for inspection.