

QCPP PHARMACY REGISTRATION FORM



**Quality Care
 Pharmacy Program**
 An initiative of The Pharmacy Guild of Australia

Supporting Excellence in Pharmacy

Pharmacy Details

Pharmacy Name:		
Contact Person:		
Pharmacy Street Address:		
City/Town:	State:	Postcode:
Pharmacy Postal Address:		
City/Town:	State:	Postcode:
Phone Number:	Fax Number:	
E-Mail:		
ABN:	Marketing Group	
Guild Member? YES / NO	Guild Member Number:	
Name(s) of Proprietors:		
PBS Approval Number:	Date Approval Issued:	

Declaration

I, _____ (print full name), on behalf of the partners/company/Friendly Society (cross out if not applicable) listed above declare that the above information is complete and correct in every particular and that the program materials will remain the property of the pharmacy.

Signed: _____ Date: ____ / ____ / ____

Pharmacy Practice Incentives

For more information or to register for incentives under the Pharmacy Practice Incentives (PPI) Program please visit www.5CPA.com.au

QCPP Requirements Manual

Owning a QCPP Requirements manual is mandatory for accreditation in the QCPP. The manual is a ring binder folder that includes the requirements and also supporting resources required to be accredited. Manual costs are as follows:

- Guild Members \$220 + \$22 GST = TOTAL \$242.00
- Non-Guild Members \$300 + \$30 GST = TOTAL \$330.00

Any updates to the manual, including revisions to the standards, procedures or templates will be provided free of charge. If you would like to purchase a manual please select the applicable option for payment below.

Please send me an invoice to pay by BPAY® or cheque.

Please charge my credit card for the amount of \$ _____. I wish to pay by (please circle): **Amex** **Visa** **Mastercard**

Name on Credit Card:

Expiry Date: /

Credit Card No:

Cardholder's signature:

This document will be a tax invoice for GST when fully completed and paid. Please retain original for your records.

The QCPP is wholly committed to upholding the National Privacy Principles established under the *Privacy Act 1998* (Commonwealth) and as such will safeguard the information. You have the right to access your personal information. We will only provide information to organisations for the purposes related to the administration of the QCPP. However your information may also be shared with The Pharmacy Guild of Australia. If you have any questions about your privacy rights please contact the QCPP on 1300 363 340.

Please send this form to:
 Fax: 02 6270 1885
 Post: The Pharmacy Guild of Australia
 PO Box 7036
 Canberra BC ACT 2610
 Email: help@qcpp.com