

SCHEDULE 3

Regulation 4(2)

PART I

APPLICATION FOR INCLUSION IN A PHARMACEUTICAL LIST OR INCLUSION IN A LIST
IN RESPECT OF DIFFERENT SERVICES OR PREMISES*

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

APPLICATION FOR INCLUSION IN A PHARMACEUTICAL LIST OR INCLUSION IN A LIST IN RESPECT OF DIFFERENT SERVICES OR PREMISES*

TO THE
FHSA

1. I/We

of

- (a) apply in my/our own right/on behalf of to be included in the FHSA's pharmaceutical list(s) for the provision of the services listed in paragraph 6 below. I/We are not already included in any pharmaceutical list kept by the FHSA;
- (b) am/are already included in a pharmaceutical list kept by the FHSA, but apply to open additional premises for the provision of the services listed in paragraph 6 below;
- (c) am/are already included in a pharmaceutical list kept by the FHSA, but apply to relocate the premises from which I/we are to provide the services listed in paragraph 6 below;
- (d) am/are already included in a pharmaceutical list kept by the Authority, but apply to provide from my/our existing premises additional services to those already provided;
- (e) am/are already included in a pharmaceutical list kept by the FHSA, but apply to withdraw the provision of a service/services from an existing premises.

2. (To be completed only by persons applying under paragraph 1(a), (b), (c) or 4)

(a) The premises from which I/we wish to provide those

services are at

.....
.....
.....

(b) Those premises are—

- already constructed
 - already in my/our possession/not yet in my/our possession (by rental, leasehold or freehold)
 - under negotiation
 - registered by the Royal Pharmaceutical Society of Great Britain
- If so, state reference number

.....

3. (To be completed only by persons who are included in a pharmaceutical list kept by the Authority)

The premises from which I/we provide pharmaceutical

services are at

.....

The services I/we provide from those premises are

.....

4. (To be completed only by persons applying under paragraph 1(a) above who are proposing to provide services at premises from which services are already provided ie change of ownership)

The name of the chemist who is providing services from the

premises named in paragraph 2(a) above is

.....
.....

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The provision of services from those premises will be continuous/interrupted by (state period)

- 5. (To be completed only by persons applying under paragraph 1(c) above) The relocation is for the following reasons:

.....

(To be completed only if the applicant considers relocation to be minor) I/We consider the relocation to be minor for the following reasons:-

.....

The provision of services by me/us will be continuous/interrupted by (state period)

- 6. (To be completed by all applicants) I/We propose to provide/withdraw the following pharmaceutical services

- PROVISION OF DRUGS
- PROVISION of the following listed appliances:-
- OXYGEN CYLINDERS
- STOMA APPLIANCES
- ELASTIC HOSE/RY
- TRUSSES
- OTHER APPLIANCES (please specify)

OTHER SERVICES (please specify)

- 7. (To be completed by all applicants except those proposing either to provide services from premises from which the services listed in paragraph 6 are already provided or to change within the neighbourhood the premises from which pharmaceutical services listed in paragraph 6 are already provided) In my/our view the provision of the proposed services at the premises named in this application is necessary or desirable in order to secure in the neighbourhood in which the premises are located the adequate provision of those services by persons in the list of services for the following reasons:-

.....

- 8. I/we undertake that if my/our application is granted, I/we will provide/continue to provide the pharmaceutical services specified in paragraph 6 at the premises specified in paragraph 2.

Signed

Date

*The sections or words which do not apply should be deleted as necessary.

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regulation 4(8)

PART II

NOTIFICATION OF COMMENCEMENT DATE*

TO THE
FHSA

1. **The application which**
 I/We
 of
 made on
 was granted on
2. **The application related to premises at**
3. **The services I/we are entitled to provide are**
4. **I/We intend to commence provision of those services at**
those premises on
5. **Those premises have been registered by the Royal Pharmaceutical Society of Great Britain**
 Reference No.
6. **The pharmacist in charge at those premises will be**
 Name
 Registration No.
7. **I/We undertake to provide the said services under the terms of service for the time being in**
operation by the FHSA.

Signed

Date

*The sections or words which do not apply should be deleted as necessary.