

Application to register new pharmacy premises



Section 1 - Documents to be submitted with application

- 1.1 One set of plans of the pharmacy layout – please see Section 10.2 for details
- 1.2 Payment of the application fee, £200 cheque made payable to ‘The Treasurer of the States’.
- 1.3 If the corporate body / Limited company does not currently own a registered pharmacy premises, please submit a completed application to nominate a superintendent pharmacist
- 1.4 Application via email is acceptable – please see Section 10.6 for details
- 1.5 This application is valid for six months from the date the Chief Pharmacist acknowledges receipt. Do not submit an application if you do not intend to commence trading within six months.

Section 2 - Premises to be registered

2.1 Trading name

2.2 Premises address

Postcode

2.3 Date premises ready for inspection

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2.4 Proposed opening date of premises

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Section 3 - Pharmacist in personal control

Pharmacists who registered with the GPhC by virtue of a qualification awarded in a relevant European State are not able to be in personal control of a premises that has been registered for less than three years

3.1 GPhC registration number

3.2 Forename

Surname

Section 4 - Body corporate / Limited company making application

4.1 Name of Limited Company

Superintendent

4.2 Registration number

Forename

Surname

Section 5 - Sole traders or partnership making application

5.1 Registration number
 Forename
 Surname
 5.2 Registration number
 Forename
 Surname

Section 6 - Nature of business

6.1 High Street / Community Mail Order /Internet Hospital
 Medical Research / Specials Temporary
 6.2 If an internet pharmacy will be operated from the same premises, please enter the website address

Section 7 - Registered pharmacy services and activities

7.1 Why is the pharmacy being registered (please tick all that apply)

7.1.1 For the purpose of retail sale of non-GSL medicines	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.1.2 Dispensing of Health Insurance prescriptions	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.1.3 Dispensing of private prescriptions	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.1.4 Assembly of medicines for the purpose of supply to another legal entity	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.1.5 To manufacture unlicensed medicines	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.1.6 To wholesale medicines to another legal entity	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.1.7 Other (please specify registerable activity)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Section 8 - Contact details

8.1 Title Mr Mrs Ms Other
 8.2 Forename
 8.3 Surname
 8.4 Phone Mobile
 8.5 Email

Section 9 - Declaration

I declare the premises is arranged to enable the pharmacist in charge 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 and undertake to ensure compliance with all applicable legislation, regulations and professional obligations

9.1 Title Mr Mrs Ms Other
 9.2 Forename
 9.3 Surname
 9.4 Position held in limited company

Signature **Date**

Section 10 – Additional information

10.1 Registration process

- Completed applications should be sent to the Chief Pharmacist, General Hospital, Gloucester Street, St Helier, Jersey. JE1 3QS
- The registration of a pharmacy premise will normally take between 6-8 weeks from receipt of a completed application (including the correct fee)
- Your application will be acknowledged in writing
- The premise will be subject to a visit by the Chief Pharmacist
- You will be notified when registration has been approved

10.2 Plans

- The plans you submit should:
 - Identify the dimensions of the registered area (please indicate in m² if irregular)
 - Identify the dimensions of the dispensary (please indicate in m² if irregular)
 - Clearly demarcate the registered area and dispensary
 - Detail the postal address of the building in which the premises is situated
 - Detail any other relevant information

10.3 Change / transfer of ownership

- If you intend to transfer the ownership of the pharmacy premises in the future, the person or body seeking ownership of the registered premises should be advised to contact the Chief Pharmacist. The prospective owner must complete a transfer of ownership application. It is a requirement that the application to transfer ownership must be lodged with the Chief Pharmacist within 28 days of the date of transfer.

10.4 Extension(s) and alterations

- If you intend to alter the registered pharmacy premises in the future by making a change to the layout or a physical alteration to the registered premise, you are required to advise the Chief Pharmacist of the planned change. Please submit one set of scaled plans. A new premises application is not required
- If the planned alterations extend into an entirely new building, or where the proposed extension does not coincide with a proportion of the registered area of the existing registered premises, then an entirely new premises application is required

10.6 New premises applications via email

- The Chief Pharmacist will accept applications via email. Please complete the form, scan and send, together with any other documentation required, as a PDF to pharmacyregistration@health.gov.je
- Please submit the application and plans as one document