



Access Point Application – Pharmacy

Instructions

Use this form to apply to become an NDSS Access Point. All approved pharmacies throughout Australia are eligible to be considered for selection as an Access Point. Your application will be assessed and you will be provided with a response within 20 business days of receipt of a completed form. A detailed application will assist with the application process.

The completed form should be sent to your NDSS Agent, GPO Box 9824 in your capital city.

Please refer to the Access Point Guidelines for further information regarding the application process.

Important Note:

You will need to provide evidence of the following when a site inspection is conducted:
Pharmacy Licence, Location Approval and PBS Supplier Status.

PART A: Applicant Details		
Trading Name:		
Contact Name:		
Address:	State:	Postcode:
Company name:	ABN:	
Phone:	Mobile:	Fax:
Pharmacy Email:		
Owners Name:		
Owners Email:		

PART B: Business Details	Yes	No
1. Is your pharmacy registered in the pilot Diabetes MedsCheck Program?	<input type="checkbox"/>	<input type="checkbox"/>
If no, will you be registering with the program in the near future?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is your pharmacy accredited under the Quality Care Pharmacy Program or other similar programs?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is your pharmacy working towards being accredited with the Quality Care Pharmacy Program or another similar program?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have a dedicated area allocated for counseling and demonstration of products to Registrants?	<input type="checkbox"/>	<input type="checkbox"/>

Please provide details:

Information Technology	Yes	No
The questions following will indicate to us the ability of your business to utilise NDSS Connect.		
(a) Is there a computer on the business premises? <i>*if no go to part C</i>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Is the computer less than 3 years old?	<input type="checkbox"/>	<input type="checkbox"/>
(c) Does the computer have a super VGA (1024 x 768) or higher - resolution monitor with 256 colours?	<input type="checkbox"/>	<input type="checkbox"/>
(d) Does the computer have Browser Internet Explorer 7 or 8? <i>(please note that IE9 is not compatible with NDSS Connect at this time)</i>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Does the computer have Microsoft Windows Operating System Window XP or greater?	<input type="checkbox"/>	<input type="checkbox"/>
(f) Does the computer have 512MB RAM or greater?	<input type="checkbox"/>	<input type="checkbox"/>
(g) Does the computer have PDF Viewer (eg. Adobe Acrobat)?	<input type="checkbox"/>	<input type="checkbox"/>
(h) Does the computer have a broadband connection of 512k or greater?	<input type="checkbox"/>	<input type="checkbox"/>
(i) Is your computer connected to a black and white printer with high resolution?	<input type="checkbox"/>	<input type="checkbox"/>

PART C: Level of Interest & Commitment to Diabetes	Yes	No
The questions following relate to your business' level of interest and commitment to providing specialty services to people with diabetes.		
1. Are you prepared to make all staff available for initial and ongoing NDSS training? <i>(please speak to your NDSS Agent for training requirements)</i>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you currently have diabetes training and education programs in place for staff?	<input type="checkbox"/>	<input type="checkbox"/>
Please provide details:		

3. Please state your opening hours:

Mon:	Tues:	Wed:	Thurs:	Fri:	Sat:	Sun:
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ADDITIONAL COMMENTS

Large empty rectangular box for providing additional comments.

PART D: References

Please provide the details of three business referees below:

1. **Name:**

Role/Position:

Phone:

Email:

2. **Name:**

Role/Position:

Phone:

Email:

3. **Name:**

Role/Position:

Phone:

Email:

PART E: Applicant Declaration

I declare that the information on this form is true and correct.

Applicant Signature: _____ **Dated:** _____

Name/Position: _____

Office Use only

Date Received: _____ *Received by:* _____