

TO THE NHS GRAMPIAN HEALTH BOARD

I/We SEMPLE & SEMPLE HEALTHCARE
of 6 KEMPOCK ST, GOUROCK PA19 1NA

apply to have ~~my~~/our name(s) included in the pharmaceutical list for the provision of the pharmaceutical services specified in paragraph 4 below: the application is in respect of-

- ~~(a)~~ the provision of services from premises from which the pharmaceutical services specified in paragraph 4 below are already provided (complete paragraphs 2, 3, 4 and 5(a) and sign the application);
- ~~(b)~~ the relocation of the premises from which I/we provide pharmaceutical services (complete paragraphs 2, 3, 4 and 5(b) and sign the application);
- (c) the opening of premises for the provision of pharmaceutical services specified in paragraph 4 below (complete paragraphs 2, 3, 4 and 5(c) and sign the application);
- ~~(d)~~ the provision of pharmaceutical services other than those already listed from currently listed premises (complete paragraphs 2, 3, 4, 5(c) and 5(d) and sign the application).

2.

(a) The premises from which I/we propose to provide pharmaceutical services are/will be at-

MITCHELL'S GARAGE, PITMEADEN
ASERDEENSHIRE AB41 7NX

(b) the premises from which it is proposed to provide pharmaceutical services are-

- (i) already constructed YES/NO
- (ii) already in our possession (through lease or ownership) YES/NO
- (iii) registered by the Royal Pharmaceutical Society of Great Britain in YES/NO
my/our name(s)

If the answer to (ii) is no, submit such further information as will indicate that the applicant intends to commence business from the premises WE HAVE AN AGREEMENT TO LEASE CONDITIONAL ON THE GRANTING OF THE NHS CONTRACT.

If the answer to (iii) is yes, state reference number N/A

If the answer to (iii) is no, give date of application for registration T.B.C.

(c) the pharmacist in charge at the said premises will be-

Name JAMES SEMPLE
Registration No. 84884

3. I/We undertake to provide the pharmaceutical services specified below from the said premises from (date) 1/12/2010

and it is proposed that the premises will be open during the following hours MON-FRI 9-6 SAT 9-1

4. I/We propose to provide the following pharmaceutical services, and undertake to provide such of these services as may be approved by the Board in accordance with the terms of service for pharmacists for the time being in operation:-

Dispensing of medicines, and supplying of drugs and of listed appliances as specified in the Drug Tariff

Supplying a domiciliary oxygen therapy service YES/NO

5.

(a) to be completed only by persons applying under paragraph 1(a) above who are proposing to provide services at premises from which such services are already provided)

(i) the name of the person who is currently providing services from the premises named in paragraph 2(a) above is-

.....
.....

(ii) there will be no change in the pharmaceutical services provided and those services from the said premises will be continuous/interrupted for the period of (state period)-

.....

(b) (to be completed only by persons whose names are included in the pharmaceutical list applying under paragraph 1(b) above)

(i) the premises in the Board's area from which I am/we are providing pharmaceutical services are at-

.....
.....

(ii) the relocation is for the following reasons:-

.....
.....

(iii) (To be completed only if the applicant considers relocation to be minor. A minor relocation is one where there will be no significant change in the neighbourhood population served, and other circumstances are such that there will be no appreciable effect on the NHS pharmaceutical services provided by the applicant or any other person on the board's list.)

I/We consider the relocation to be minor for the following reasons:-

.....
.....

(iv) there will be no change in the pharmaceutical services provided and the provision of services by me/us will be continuous/interrupted for the period of (state period)

(c) (to be completed only by persons applying under paragraph 1(c) or (d) above)

In my/our view the provision of the pharmaceutical services specified above at the premises named in paragraph 2(a) above is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood of the said premises for the following reasons:-

THERE IS NO PHARMACEUTICAL SERVICE IN THE NEIGHBOURHOOD. MEDICINES ARE SUPPLIED BY A DISPENSARY, DOCTOR SURGERY. WE HAVE APPLIED TO OPEN A PHARMACY IN TARVES, AND HAVE LISTENED TO, AND TAKEN INTO CONSIDERATION, THE FEARS OF PITMEDDEN RESIDENTS THAT A PHARMACY IN TARVES WILL LEAD TO CLOSURE OF THE PITMEDDEN DISPENSARY, AND SUBSEQUENTLY CAUSE PROBLEMS IN ACCESSING MEDICINES. A PHARMACY IN PITMEDDEN WILL SOLVE ANY SUCH PROBLEMS.

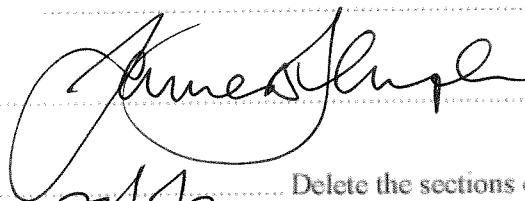
(d) (to be completed only by persons proposing to provide other pharmaceutical services from premises from which some pharmaceutical services are already provided by them)

(i) my/our NHS services shall be those pharmaceutical services granted in respect of this application

(ii) the other pharmaceutical services proposed for provision are (specify)–

.....
.....

Signed



Date

27/5/2010.

Delete the sections or words which do not apply.

NOTES:

(1) An application on Form A will be required by any person already included in the pharmaceutical list who wishes to undertake to supply pharmaceutical services from additional or alternative premises or to vary the pharmaceutical services provided from currently listed premises. The alternative Form A is for use by persons other than pharmacists.

(2) Please note that medicines cannot be dispensed from the premises until they are registered by the Royal Pharmaceutical Society of Great Britain under the Medicines Act 1968. Although an application to be included in the pharmaceutical list (Form A) can be considered in advance of such registration, registration details and any other information required but not given on this Form must subsequently be provided on Form B before inclusion in the list is confirmed.

(3) Payment cannot be made for NHS services provided before the date of entry in the pharmaceutical list recorded in Form C as issued by the Board.