**Official Application Form for Emergency Locum Services**

NOTE: \* Mandatory Fields

**Pharmacy & Primary Contact Details**

|  |  |
| --- | --- |
| \* Pharmacy Name: |  |
| \* Pharmacy Phone Number: |  |
| Pharmacy Fax Number: |  |
| \* Pharmacy Address: |  |
| \* Suburb: |  |
| \* State: |  |
| \* Post Code: |  |
| \* Contact Name: |  |
| \* Email: |  |
| \* Mobile Phone: |  |

**Secondary Contact Details**

|  |  |
| --- | --- |
| \* Contact Name: |  |
| Phone Number: |  |
| Fax Number: |  |
| \* Email: |  |
| \* Mobile Phone: |  |

**Pharmacy Practice Details**

|  |  |
| --- | --- |
| \* Pharmacy Opening Hours: |  |
| \* Does the Pharmacy close for lunch: | Yes / No |
| \* Scripts per day (avg. #): |  |
| \* Dispensary Software: |  |
| Sole Pharmacist:  *Is the Emergency Locum to be Sole Pharmacist?* | Yes / No |
| \* Number of staff in dispensary: |  |
| Dispensary Technicians (#): |  |
| Pharmacy Assistants (#): |  |
| Other Staff in the Pharmacy: |  |
| Dose Administration Aids (DAAs):  *Are Webster Packs, Blister Packs or myPaks to be done* | Yes / No |
| If yes, number of DAAs: |  |
| Opioid Pharmacotherapy:  *Is there a methadone or buprenorphine program* | Yes / No |
| If yes, number of Opioid Pharmacotherapy clients: |  |
| Should the Emergency Locum be Accredited for Medication Reviews: | Yes / No |
| Should the Emergency Locum be a Pharmacist Vaccinator: | Yes / No |
| \* Any other special duties required of the Emergency Locum: |  |

**Pharmacy Eligibility**

\* To be eligible for the purposes of the ELS Program, applicants must:

1. Be a Community Pharmacy,
2. Be located in a rural or remote location, which is defined as the Modified Monash Model (MMM) category MM3-MM7, and
3. Be unable to undertake dispensing duties or to fully and effectively operate the Pharmacy due to an emergency situation as defined by the Program Rules.

|  |  |
| --- | --- |
| Does the Applicant declare eligibility under these criteria? | Yes / No |

**Nature of the Emergency Situation**

|  |  |
| --- | --- |
| \* Is the Pharmacist unable to undertake dispensing duties or fully and effectively operate the Pharmacy, with little or no notice, due to illness or injury, or the need to seek urgent medical care or treatment? | Yes/ No |
| \* Does a family emergency require the Pharmacist to be present at an alternate location, or take action that renders themselves unavailable to undertake dispensing duties or fully and effectively operate the Pharmacy, with little or no notice? | Yes / No |
| *A 'family emergency' is defined as: Illness or injury of an immediate family member or dependant relative; or Bereavement due to a death of a member of immediate family.* | |
| \* Provide a brief description of the emergency situation and why locum services are required: |  |
| \* What is the expected duration of the emergency situation (# days): |  |
| \* What dates and hours will the Emergency Locum be required to work: |  |
| \* Accommodation needs to be of a reasonable standard. Available to the Emergency Locum is: |  |
| *Accommodation options are self-contained unit; hotel; motel; guesthouse; house of pharmacy owner; other.* | |
| Provide details of the Accommodation: |  |
| \* Will the Pharmacy be required to close if locum services are not obtained: | Yes / No |

**Documentation to support the nature of the emergency**

*Applicants who meet the Eligibility Criteria must submit a completed official application form and attach all required documentation in order to be considered, including documentation to support the nature of the emergency. Applicants are responsible for providing sufficient information on the application form to determine eligibility and recruit a suitable locum.*

*Valid forms of supporting documentation include:*

* + *A medical certificate, preferred in emergency situations due to unforeseen illness;*
  + *A Death certificate; or*
  + *A*[*Commonwealth statutory declaration*](https://www.ag.gov.au/legal-system/publications/commonwealth-statutory-declaration-form)*for all other emergency situations. Please note a statutory declaration must not be made before a Pharmacist employed by the applicant’s Pharmacy.*

*Note: A Pharmacist will have 30 days in which to provide valid supporting documentation. If a Pharmacist fails to provide this documentation within 30 days of the emergency situation, the Pharmacist will be responsible for repaying the full amount that was provided to assist with the travel costs of the locum pharmacist. ​*

*In cases where the nature of the emergency situation prevents completion of the application form, this requirement may be waived, and the form lodged within ten working days of the original request for assistance, in which case a fax advice and/or email will constitute an interim application form.*

**Declarations**

|  |  |
| --- | --- |
| \* Does the Applicant declare they have provided sufficient information on the application form to determine eligibility and recruit a suitable locum: | Yes / No |
| \* Does the Applicant declare they will accept the locum Pharmacist offered: | Yes / No |
| \* Does the Applicant declare they are prepared to organise and pay the wages, applicable superannuation and accommodation costs of the locum for the duration of the placement: | Yes / No |
| \* Does the Applicant declare they will provide valid supporting documentation within 30 days of the emergency situation, knowing that if they fail to do so the Applicant will be responsible for repaying the full amount that was provided to assist with the travel costs of the locum pharmacist: | Yes / No |
| \* Does the Applicant acknowledge that they have read, understood and accept the "Terms and Conditions" and the "Privacy Policy" available on the website: | Yes / No |

**Lodgement**

Once completed, email this Application Form to [els@ravensrecruitment.com.au](mailto:els@ravensrecruitment.com.au) for processing.