



Statutory declaration form

Type: **Weekly record of supervised practice hours**

Profession: **Pharmacy**

Section 52(1)(b)(i) of the Health Practitioner Regulation National Law (the National Law)

Interns holding provisional registration, overseas qualified pharmacists holding limited registration, and pharmacists returning to practice, are required to keep a weekly record of supervised practice hours undertaken, which is to be signed each week by the approved preceptor. On completion of an approved period of supervised practice, an approved preceptor must sign the statutory declaration. If there is a change in preceptor, the existing preceptor must complete the statutory declaration, and a separate weekly record must be commenced and maintained for the subsequent period of supervised practice. Separate statutory declarations must be completed by each approved preceptor for practice hours undertaken under their supervision.

It is important that you refer to the Pharmacy Board of Australia's (the Board) registration standards, codes and guidelines when completing this form. Registration standards, codes and guidelines can be found at www.pharmacyboard.gov.au




 **This declaration must be signed by the preceptor in front of a person who can witness a statutory declaration.** For a list of authorised witnesses, refer to www.ag.gov.au/Publications/Pages/Statutorydeclarationsignatorylist.aspx

Privacy and confidentiality

The Board and AHPRA are committed to protecting your personal information in accordance with the *Privacy Act 1988* (Cth). The ways the Board and AHPRA may collect, use and disclose your information are set out in the collection statement relevant to this application, available at www.ahpra.gov.au/privacy.


By signing this form, you confirm that you have read the collection statement. AHPRA's privacy policy explains how you may access and seek correction of your personal information held by AHPRA and the Board, how to complain to AHPRA about a breach of your privacy and how your complaint will be dealt with. This policy can be accessed at www.ahpra.gov.au/privacy.

Symbols in this form


-  **Additional information**
Provides specific information about a question or section of the form.
-  **Attention**
Highlights important information about the form.
-  **Signature required**
Requests appropriate parties to sign the form where indicated.

Completing this form

- Read and **complete all questions**.
- Use a **black or blue** pen only.
- Print clearly in **BLOCK LETTERS**
- Place X in **all** applicable boxes:
- **DO NOT send original documents unless specified.**

 Do not use staples or glue, or affix sticky notes to your application. Please ensure all supporting documents are on A4 size paper.

SECTION A: Personal details

 The information items in this section of the application marked with an asterisk (*) will appear on the public register.

1. What is your name and date of birth?

Title*
 MR MRS MISS MS DR OTHER

Family name*

First given name*

Middle name(s)*

Previous names known by (e.g. maiden name)

Date of birth / /

2. What is your AHPRA provisional or limited registration number?

AHPRA registration number



3. What is the name of your preceptor?

Title*
 MR MRS MISS MS DR OTHER

Family name*

First given name*

Middle name(s)*

4. What is your preceptor's registration number?

Registration number

SECTION B: Approved premises

5. What are the details of the premises approved by the Board for hours undertaken under the supervision of the above named preceptor?

Name of premises

Site/building and/or position/department (if applicable)

Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)

City/Suburb/Town

State/Territory (e.g. VIC, ACT) **Postcode**

Name of premises

Site/building and/or position/department (if applicable)

Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)

City/Suburb/Town

State/Territory (e.g. VIC, ACT) **Postcode**



Name of premises

Site/building and/or position/department (if applicable)

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City/Suburb/Town

State/Territory (e.g. VIC, ACT) **Postcode**

Name of premises

Site/building and/or position/department (if applicable)

Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)

City/Suburb/Town

State/Territory (e.g. VIC, ACT) **Postcode**



SECTION C: Weekly record of practice

i A total of 1,824 hours of Board approved supervised practice must be undertaken by graduates of pharmacy courses approved by the Board. In the case of graduates of pharmacy courses conducted by an overseas provider, the period of supervised practice will also be 1,824 hours, unless otherwise advised by the Board or the Australian Pharmacy Council. All hours must be undertaken in accordance with the Board's *Registration standard: Supervised practice arrangements* and requirements published in its intern pharmacist and preceptor guide available online at www.pharmacyboard.gov.au/Registration/Internships

This record may include:

- Hours of supervised practice undertaken by an intern with provisional registration status, an overseas qualified pharmacist with limited registration status, or a pharmacist returning to practice, under the supervision of a preceptor approved by the Board and at premises approved by the Board. Hours recorded must also meet the Board's conditions of supervised practice including:
 - at least 152 hours have been undertaken with an approved preceptor, and
 - not less than 80 hours and not more than 180 hours in any four consecutive week period are counted.
- Rotations to other sites less than 180 hours for which the approved preceptor has taken responsibility, or longer rotations to other training sites which the Board has formally approved as part of the training program.
- Seminar days of accredited pharmacy intern training programs (ITP) approved by the Board.

This record may not include:

- Accrued days off.
- Annual leave.
- Public holidays not worked.
- Sick leave.
- Time spent at other education activities (other than seminar days of accredited ITPs).
- Time spent at other employment sites (e.g. part-time work in a pharmacy which is not part of the approved preceptor's supervised practice program).
- Rotations to other sites in excess of 180 hours for which your approved preceptor has taken responsibility, but which have not been approved by the Board.
- Hours which do not meet the supervised practice requirements outlined in the Board's *Registration standard: Supervised practice arrangements* on the Board's website.
- Any clinical training undertaken during a pharmacy course, for example undergraduate university practice placements.

⚠ This record forms part of a statutory declaration. If an error is made, a line must be drawn through the error and correct details entered on a new line. The use of correction fluid/tape to conceal incorrect entries is not acceptable. If additional space is required, this declaration should be completed and a new record commenced.

Week starting	Week ending	Total hours worked during this week	Signature of intern	Signature of preceptor	Date of record	Progressive total (only add hours that meet Board requirements)
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If additional space is required, this declaration should be completed and a new record commenced.





SECTION D: Preceptor declaration



To be completed at the conclusion of an approved period of practical training under an approved preceptor. This declaration must be signed by the preceptor in front of a person who can witness a statutory declaration. For a list of authorised witnesses, refer to www.ag.gov.au/Publications/Pages/Statutorydeclarationsignatorylist.aspx

I declare that in accordance with the requirements for supervised practice detailed in the *Registration standard: Supervised practice arrangements* (and any additional requirements published on the Board website), the hours on this weekly record of practice were undertaken by the registrant named below at the approved practice site.

I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of legislation rendering persons making a false declaration punishable for wilful and corrupt perjury.

Name of registrant <input style="width: 95%;" type="text"/>	Name of preceptor <input style="width: 95%;" type="text"/>
Date <input style="width: 25%; text-align: center;" type="text"/> / <input style="width: 25%; text-align: center;" type="text"/> / <input style="width: 50%; text-align: center;" type="text"/>	Signature of preceptor <div style="border: 1px solid #ccc; padding: 5px; text-align: center;"> SIGN HERE </div>

Name of a person who can witness a statutory declaration <input style="width: 95%;" type="text"/>	Role or occupation of witness <input style="width: 95%;" type="text"/>
Date <input style="width: 25%; text-align: center;" type="text"/> / <input style="width: 25%; text-align: center;" type="text"/> / <input style="width: 50%; text-align: center;" type="text"/>	Signature of witness <div style="border: 1px solid #ccc; padding: 5px; text-align: center;"> SIGN HERE </div>

Address of witness

Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)

City/Suburb/Town

State or territory (e.g. VIC, ACT)/ International province	Postcode/ZIP*
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

Country (if other than Australia)

Please post this form to:

<p>AHPRA GPO Box 9958 IN YOUR CAPITAL CITY <i>(refer below)</i></p>	<p>You may contact AHPRA on 1300 419 495 or you can lodge an enquiry at www.ahpra.gov.au</p>		
Sydney NSW 2001	Canberra ACT 2601	Melbourne VIC 3001	Brisbane QLD 4001
Adelaide SA 5001	Perth WA 6001	Hobart TAS 7001	Darwin NT 0801