# Intern End Placement REPORT

To be completed by the Intern

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| Intern Name: |
| Given Name      | Family Name      |
| Postal Address: |
| Postal address      |
| Suburb      | State      | Postcode      |
| Phone Number: | Email Address: |
|       |       |
| Name of Community Pharmacy/AHA/MPS where you spent your intern placement: |
|       |

1. Where do you plan to work next year?

|  |  |
| --- | --- |
| Pharmacy Name: | Phone Number: |
|       |       |
| Business Address: |
| Physical address      |
| Suburb      | State      | Postcode      |

2. Has this experience encouraged you to practise in a rural area? Can you explain how?

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|       |

3. Please provide any other comments you would like to make in relation to your placement or to the Allowance:

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| Signature: |
|       |
| Full Name: | Date: |
|       |       |

The supervising Pharmacist should upload this report in the Portal when completing their End Placement Report.

Alternatively, this report can be sent via email to: support@ppaonline.com.au.

## Contact Information

The Pharmacy Programs Administrator Support Centre

Locked Bag 3
Collins Street East
Victoria 8003

Hours of operation 09:00 – 20:00 (AEST)

Phone number:1800 951 285

Website: [ppaonline.com.au](file:///%5C%5Cbearmetal%5CUsers%5Cjackiewykes%5CDropbox%5CDocuments%5CWork%5CFreelance%5CClients%5CAHA%5CAHA%20Projects%5CPPA%5CWebsite%5CPrograms%5C2.%20Assigned%5CEdited%20-%20JLW%20to%20review%5CIIARP%20-%20Forms%5Cppaonline.com.au)

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|  | CONTACT THE SUPPORT CENTRE: 1800 951 285 | support@ppaonline.com.au |