# Intern End Placement REPORT

To be completed by the Intern

|  |  |  |
| --- | --- | --- |
| 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](mailto: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:///\\bearmetal\Users\jackiewykes\Dropbox\Documents\Work\Freelance\Clients\AHA\AHA%20Projects\PPA\Website\Programs\2.%20Assigned\Edited%20-%20JLW%20to%20review\IIARP%20-%20Forms\ppaonline.com.au)

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