

2021/2022 ANNUAL REGISTRATION FORM

Indigenous Health Services Pharmacy Support (IHSPS) Program IHS Annual Registration Form

This form must be submitted by the Chief Executive Officer to the Pharmacy Programs Administrator by **11.59pm (AEST) 17 August 2021**, late submissions will not be accepted.

Indigenous Health Service (IHS) Details										
IHS Name										
IHS ABN										
IHS Address										
	City/Town						State		Postcode	
Postal Address <small>If different from above</small>										
	City/Town						State		Postcode	
IHS Type <small>ACCHO or State/Territory-run IHS</small>										
Approved RAAHS? <small>If 'Yes', please provide RAAHS ID#</small>	Yes, provide RAAHS ID#		RAAHS ID#							
	No, continue to next step									
Chief Executive Officer (CEO) Details										
CEO Name										
CEO Email										
CEO Executive Assistant Name										
CEO Executive Assistant Email										
Primary Contact Person <small>The person who will be responsible for day-to-day activities related to the IHSPS program.</small>										
Name										
Email										
Title/Role										
Preferred Contact Number										
Mobile Number <small>(If different from above)</small>										

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POPULATION SERVED

Please indicate the total number of Aboriginal and Torres Strait Islander clients who have accessed the service during the period specified. Please ensure you are counting the number of individual clients and not the number of client visits.

Total number of Aboriginal and Torres Strait Islander clients between 1 July 2020 and 30 June 2021 inclusive:

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OUTSTATIONS SERVICED

Outstation means a permanent remote health service of a primary IHS, staffed by at least one permanent healthcare worker, where Pharmaceutical Benefits Scheme (PBS) medicines approved for supply under the RAAHS arrangements are stored in compliance with an approval issued by the relevant state/territory health authority.

If you are approved to participate in the Section 100 Remote Area Aboriginal Health Services (RAAHS) Program, please indicate the names and total number of approved outstations that you are affiliated with.

Total number of affiliated outstations:

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Names of affiliated outstations:

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DECLARATION

I, the Chief Executive Officer of the Indigenous Health Service named in this Annual Registration Form, declare that the information provided is both current and reliable, and agree to participate in accordance with the Program Rules and the Pharmacy Programs Administrator (PPA) General Terms and Conditions.

I understand that the information provided to the PPA and the Australian Government Department of Health will be used to determine the Service's IHSPS budget and upon submission, I will no longer be able to alter this information.

Signed		Date	
Print Name			

Completed forms must be submitted via email to IHSPS@ppaonline.com.au by 11.59pm (AEST) 17 August 2021.



FOR QUERIES, CONTACT THE PPA SUPPORT CENTRE: 1800 951 285 | support@ppaonline.com.au