

## IHSPS – PROGRAM DECLARATION FORM

### INTRODUCTION

This form is only to be used by Indigenous Health Services (IHSs), both Aboriginal Community Controlled Health Organisations (ACCHOs) and State/Territory-run IHSs, who have **not** delegated authority to a Service Provider and intend to participate in the Indigenous Health Services Pharmacy Support (IHSPS) Program as defined by the IHSPS Program Rules.

By completing this form, you will agree to the IHSPS Program Rules as accepted by all Program Participants. The information you provide in this form will also allow the Pharmacy Programs Administrator (PPA) to register your organisation on the PPA Portal and upload documentation to the PPA Portal on your behalf in order to make payments to your nominated account.

Please complete the form and read the declaration carefully before signing and submitting to the relevant email address for your IHS type as detailed below. Next steps:

#### State/Territory-run IHS

If you require assistance please  
contact the PPA at  
**support@ppaonline.com.au**

When you have completed this form,  
please submit alongside your Work Plan  
to the **PPA Inbox** at  
**IHSPS@ppaonline.com.au**

Please make sure you submit the  
Program Declaration Form and Work  
Plan by **11:59pm (AEST) on  
31 July 2026**

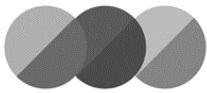
#### ACCHO

If you require assistance with your  
Work Plan please contact NACCHO at  
**qum@naccho.org.au**

If you require assistance with this  
Declaration Form please contact the  
PPA at **support@ppaonline.com.au**

When you have completed this form,  
please submit alongside your Work Plan  
to **NACCHO** at **qum@naccho.org.au**

Please make sure you submit the  
Program Declaration Form and Work  
Plan by **11:59pm (AEST) on  
31 July 2026**

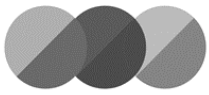


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**ORGANISATION DETAILS**

This form must be submitted alongside the Annual Work Plan by **31 July 2026**; late submissions will not be accepted.

<b>Indigenous Health Service (IHS) Details</b>					
<b>IHS Name</b>					
<b>IHS ABN</b>					
<b>Physical Address</b>					
	<b>City/Town</b>		<b>State</b>		<b>Postcode</b>
<b>IHS Type</b>					
<b>Delegate Details – Chief Executive Officer or relevant officer (relevant officer includes those at a regional or general management level)</b>					
Provide the name and contact details of the CEO, or relevant officer, making this declaration.					
<b>Please note:</b> The phone number provided will only be used when the nominated Primary Contact Person is not contactable.					
<b>Name</b>					
<b>Email</b>					
<b>Phone No.</b>					
<b>Banking and Finance Information</b>					
Provide the contact details of your organisation’s financial delegate and your preferred bank account details. The PPA may be in touch to confirm your details should any errors be detected.					
<b>Name</b>					
<b>Email</b>					



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<b>Indigenous Health Service (IHS) Details</b>	
<b>Phone No.</b>	
<b>Account Name</b>	
<b>BSB</b>	

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<b>Indigenous Health Service (IHS) Details</b>	
<b>Account No.</b>	

**DECLARATION**

I, the Chief Executive Officer, or relevant officer, of the Indigenous Health Service named in this form, confirm that I am authorised to bind the organisation and confirm that we will abide by the Indigenous Health Services Pharmacy Support (IHSPS) Program Rules and the Pharmacy Programs Administrator (PPA) General Terms and Conditions. In addition, I confirm that funds will only be used for the purposes set out in approved Work Plans.

By signing, I declare that:

- The information provided is current and correct
- The Service currently meets and will continue to meet, eligibility criteria as per the IHSPS Program Rules while participating in the Program
- The Service agrees to meet all requirements as set out in the PPA General Terms and Conditions and IHSPS Program Rules
- The Service will advise the PPA within 14 days if it ceases to be eligible for the Program
- I agree that a PP Operator will create a PPA Portal account and submit approved Work Plans and Progress Reports into the PPA Portal on the Service’s behalf in order to make payments to the Service’s nominated bank account
- In the event the bank details of the Service change, the new account details will immediately be provided to the PPA so that they can update the Service’s account details in the PPA Portal
- The PPA will not be held responsible if payments are made to the incorrect bank account due to incorrect bank details being provided in this Declaration Form or the Service not providing updated details where there has been a bank account change. I also acknowledge that where payments have been made to an incorrect bank account due to the above, remedial payments cannot be made to the correct bank account until such time as the original funds have been recovered and repaid to the PPA
- The Service agrees to allow the issue of Recipient Created Tax Invoices as outlined in Goods and Services Tax Ruling (GSTR) 2000/10
- I acknowledge that the Service is registered for Goods and Services Tax (GST) and that it will notify the recipient (the PPA) if it ceases to be registered.

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Providing false or misleading information is a serious offence and auditing of deliverables submitted under the IHSPS Program, including supporting evidence, may occur. All records should therefore be maintained in accordance with the IHSPS Program Rules.

<b>Signed</b>		<b>Date</b>	
<b>Print Name</b>			