

Agent Authorisation Form



Before filling out this form...

Under Australian privacy legislation the Australian Pharmacy Council (APC) must have written authority from an applicant before communicating with a third party. This document must be signed by both parties to be valid.

Note: APC will only communicate directly with 1 party. If an agent is nominated APC will communicate only with the agent.

Please download this form and send the original to assessments@pharmacycouncil.org.au

Part A - Authorisation by APC applicant

I, (full name)

of (address)

authorise the person listed at Part B of this form to act on my behalf in relation to the recognition of my professional qualifications.

Signature _____

Date

(dd/mm/yyyy format)

Part B - Details of authorised person/agent

Name

Address

Email

Phone

I, (full name)

agree to communicate with the APC on all matters concerning the recognition of qualifications for the applicant names in Part A of this form.

Signature _____

Date

(dd/mm/yyyy format)