

Agent Authorisation Form

Authorisation for Agent to act on behalf of the Applicant to the
Australian Pharmacy Council Ltd

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 ensure you send the original form to the Australian Pharmacy Council.

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

Part B – Details of Authorised Person		
Name		
Address		
Phone	Fax	
Email		

Part C – Agreement by Authorised Person	
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