



## Authorisation for Agent to act on behalf of the Applicant to the Australian Pharmacy Council Inc.

Under Australian privacy legislation the Australian Pharmacy Council Inc (APC) must have written authority from an applicant before communicating with a third party. Note: APC will only communicate directly with one party; if an agent is nominated APC will communicate only with the agent.

Part A - Authorisation by APC Applicant	
I, (full name)	
of (address)	
authorise the person/company listed at Part B of this form to act on my behalf in relation to the recognition of my professional qualifications.	
	/ /
Signature	Date

Candidates must sign this document for identification purposes

Part B – Details of Authorised Person / Company			
Name			
Company (if applicable)			
Address			
Phone		Fax	
Email Address			

Part C - Agreement by Authorised Person / Company	
I, (full name) ..... agree to communicate with the APC on all matters concerning the recognition of qualifications for the applicant named in Part A of this form.	
	/ /
Signature	Date

Agent must sign this document for identification purposes

**Please ensure you send the original form to the Australian Pharmacy Council Inc.**