



Living with COVID Pharmacy Bundle and Emergency Provision PPE Order Form

This order form is intended to supply approximately one month’s supply of PPE to each pharmacist administering COVID-19 vaccinations

Please note you must not place an order for a pharmacist if you have previously ordered PPE items for the same pharmacist within the last 4 weeks.

Pharmacy Practice Details

Practice Name	
Shipping Address	
Practice Email	
Additional delivery instructions <i>e.g. deliver to back of pharmacy</i>	
Total number of Pharmacists administering vaccinations within this pharmacy	

Section 1: Living with COVID PPE Bundle

Please fill out the table for each eligible pharmacist.

- **Each bundle contains: P2/N95 respirators** (90 units) which can be **ordered monthly** and, **either a goggle or face shields** (1 units). Goggles/ face shields are a one-off order, as this item can be washed and re-used.
- **This bundle is intended to supply a pharmacist administering vaccines with 1 month supply of PPE.** Please complete a separate line for each eligible pharmacist.
- You have the option to select preferred size of P2/N95 respirators (small or regular).
- The Department of Health will endeavor to meet your size choice, however in the event of stock unavailability, the Department will automatically allocate the next size up.
- **Pharmacists must provide PHNs with the APHRA number of the relevant pharmacist (trained to provide COVID vaccinations),** for whom the PPE is sought.



AHPRA Number of the pharmacist (undertaking vaccinations) for whom the PPE is sought.	P2/N95 Respirators* <i>One order per eligible pharmacist every 4 weeks.</i>		Goggles/face Shields <i>If you have previously ordered this item for this pharmacist, you may not order this item again</i>
	Small	Regular	

*Please tick to indicate size preference of P2/N95 Respirators

Section 2: Pharmacy – Emergency Provision PPE

Emergency Provision PPE can only be accessed where there is no local supply available commercially, or from another State or Territory government scheme. Leave blank if not required.

PPE	Quantity
Surgical masks <i>1 box</i>	

By submitting this form to my PHN:

I agree that the details provided in this form are true and accurate and all eligibility requirements have been met.

I agree I have not previously ordered PPE for the same pharmacist in the last 4 weeks.

I consent to the collection, use and disclosure of my personal information to the Australian Government Department of Health, Primary Health Networks, Logistics and Distribution Partners, who will deliver the vaccines and related products to the Pharmacy site. This information may also be used for auditing purposes.

If the details above contain personal information, other than my own, I have obtained consent from the person to whom the personal information relates to for the collection, use and disclosure of this personal information to the Primary Health Networks, Logistics and Distribution Partners, and to Australian Government Department of Health for ordering, auditing, and delivery purposes.

Date	Name of submitter
------	-------------------

Send completed form(s) to covid19phn@coordinare.org.au