

Review of the Existing Supply Arrangements of PBS Medicines in Residential Aged Care Facilities and Private Hospitals

CONSENT FORM

I agree to participate in the review of the existing supply arrangements of Pharmaceutical Benefits Scheme (PBS) medicines to residents in Residential Aged Care Facilities and patients in private hospitals (**Review**) by responding to the discussion paper, prepared by Healthcare Management Advisors (**HMA**) on behalf of the Department of Health and Ageing and the Pharmacy Guild of Australia, as part of this Review.

I have read the *Consent Information Sheet* attached to this consent form. I understand the contents of the *Consent Information Sheet* and the procedures involved in undertaking the Review. I declare that my consent is given in the full understanding of the details and conditions set out in the *Consent Information Sheet*.

ROD YOUNG

Participant's Name



Participant's Signature

21-1-08

Date

APPENDIX B: SUBMISSION FORM

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Participant Submission Form

Respondents are not required to conform to a specific format but must include the name, an electronic or postal address, and the home postcode of the person or organisation putting forward the submission. This form is provided for that purpose. *Anonymous submissions will not be considered.*

Details of the person putting forward the submission

Name: ROD YOUNG
Mailing Address: PO BOX 335 CURTIN ACT
Postcode: 2335
Email address: office@agedcareassociation.com.au
Telephone (optional): 02 6285 2615

Is your submission on behalf of an organisation or professional association?

Yes
 No

If yes, which organisation or professional association?

AGED CARE ASSOCIATION AUSTRALIA

If no, then please indicate if you are (tick as many as apply):

- Community pharmacist
- Hospital pharmacist
- Nurse in a hospital
- Nurse in a residential aged care facility
- Medical practitioner providing services in a private hospital
- Medical practitioner providing services in a residential aged care facility
- Other (please specify).....

Participation in workshop

Would you be willing to participate in a workshop to further discuss any potential options identified for improving the existing supply arrangements and contribute to the assessment of their practicality and feasibility, which will be held in your State or Territory around March – April 2009?

Yes
 No

Please be aware that this question will be used for the statistical purpose only, and that places in workshops will be limited, and your positive indication cannot be considered as a guarantee of your attendance to the workshop.