



PACT APPLICATION

Pharmacy Details				
Pharmacy Name:				
Location:	Rural	Regional	Suburban	Urban
Address:				
Contact person:	Name:		Position:	
	Daytime phone:		Mobile:	
Email address:				

Pharmacy Staff			
Number in Dispensary*	Position	Full-time	Part-time
	Pharmacists		
	Interns**		
	Qualified Technicians		
	Training Technicians [^]		
Total number of Dispensary Staff:			
Approximate <u>daily</u> turnover/average number of prescription items per day:			
Please detail the dispensary staff working during nominated PACT trainee's working hours <i>e.g., "2 other full-time qualified technicians, 2 full-time pharmacists, 1 intern, and 1 trainee technician (who works Tues/Weds/Thurs only)"</i> *The minimum staff requirement for PACT training eligibility is 2 pharmacists and 1 other qualified technician.			
**Please list name(s) of Preceptor(s) for current intern(s) (if applicable): NOTE: As per PACT Framework, a PACT Preceptor cannot concurrently be an Intern Preceptor			
[^] Please list name(s) of Verifying Pharmacist(s) for Training Technician(s) (if applicable):			
Do you already have a certified PACT(s)?	YES	NO	
Do you currently have a PACT Trainee?	YES	NO	

Pharmacy Accuracy Checking Technicians (PACT) Training Programme



PHARMACEUTICAL SOCIETY
of New Zealand Incorporated

Pharmacy Audit					
Medsafe Audit* <i>*Pharmacy must be compliant with the Medsafe Quality Audit Programme.</i>	Date of most recent audit conducted:				
	Audit Type:	Full Audit:		Spot Audit:	
	Have all audit requirements been satisfied? <i>If "No", please provide further details.</i>	YES		NO	
Comments:					



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Pharmacy – Participating Staff

Nominated PACT Preceptor Pharmacist

First Name:		Surname:	
Position:		PCNZ Registration Number:	
Pharmacy Experience	Have you been a registered pharmacist in NZ for 3 years or more?	YES	NO
	Are you an overseas trained pharmacist with 1 year or more NZ experience as a registered pharmacist?	YES	NO
	Total years working at current site:		
	Total weekly hours employed at current site:		
Pharmacist contact number:			
Pharmacist email:			

Additional Pharmacist/s (who may be involved in PACT Training)

Name:		PCNZ Reg No.:		Year qualified:	
Name:		PCNZ Reg No.:		Year qualified:	
Name:		PCNZ Reg No.:		Year qualified:	

Please outline the anticipated benefits to the pharmacy and community that having an accuracy checking technician present (Nominated PACT Preceptor to complete):



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Nominated PACT Trainee (Technician)			
First Name:		Surname:	
Phone number:		Email:	
Ethnicity* <i>*required for statistical purposes.</i>	NZ European/Pakeha	Nivean	Indian
	Other European	Tokelauan	Other Asian
	New Zealand Māori	Fijian	Middle Eastern
	Samoan	Other Pacific Island	Latin American/Hispanic
	Cook Island Māori	Southeast Asian	African
	Tongan	Chinese	Other Ethnicity
NZ Technician Qualifications held: ** (NOTE: Please supply a copy of your qualification with your application form)**	National Certificate in Pharmacy (Technician) Level 5		
	Year achieved:		
Other pharmacy qualifications held and year achieved (e.g., BTec, NVQ3)	Qualification	Year achieved	
Pharmacy Experience	Do you have 2 or more years post qualification work experience in NZ?	YES	NO
	Are you a UK-trained Technician who has recently obtained the NZ Level 5 qualification?	YES	N/A
	Total years/months pharmacy experience at current site (minimum 6 months required):		
	Total weekly hours employed:		

Outline why you, as a technician, value this opportunity to become a PACT. Describe the anticipated benefits to you AND your pharmacy once qualified (technician to complete):



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PACT Preceptor Pharmacist declaration

I declare that the details submitted in this application, are to the best of my knowledge, correct and accurate. I further acknowledge that this application will be evaluated by PSNZ and subject to their approvals process, including approval from Pharmacy Council, Medicines Control and Pharmacy Defence Association where required.

Signed:

Date:

Name:

Position:

Technician declaration

I declare that the details submitted in this application, are to the best of my knowledge, correct and accurate.

I have enclosed a copy of my technician qualification with this application.

Signed:

Date:

Name:

Position:

In general, a maximum of one PACT trainee per site can be accepted into the PACT Training Programme at any one time. If you are intending to apply for more than one PACT trainee to enter the training programme (maximum of two), you must provide information on how your pharmacy will manage training two PACT trainees and attach this additional information to the application forms. The multiple applications will then be considered on a case-by-case basis.

Some considerations prior to applying for multiple PACTs include:

- Will the PACT trainees be working in the same or different parts of your dispensary e.g., dispensary vs re-packing area?
- Do you have appropriate staff numbers to support more than one PACT trainee in conjunction with other training staff (e.g., trainee technicians or intern pharmacists)? If so, how?
- Do you have sufficient staff to manage the day-to-day running of a dispensary and services offered when the PACT trainee(s) are undertaking the 1000 item checking log? The preceptors (and other pharmacists) are required to second check each of those items taking both the PACT trainees and preceptors away from other dispensary tasks.
- Do you have sufficient staff for the PACT trainees and preceptors to take time out of the dispensary fortnightly to discuss PACT trainee progress and to provide support throughout the 12-month training programme?
- Once the PACT trainees complete the training programme and are certified PACTs, how will your dispensary enable both PACTs to work in this role?

If a current PACT trainee has successfully completed the 1000 item checking portfolio, the pharmacy may apply for another PACT trainee to enrol in an upcoming intake.

Final Check:

All sections complete

Audit date included

Technician certificate attached

IMPORTANT: All sections must be completed and supporting documentation attached upon submission. Incomplete applications will not be forwarded for consideration.*

**Supporting documentation includes the 200-item dispensing log, and copy of your NZ Technician Certificate.*