**BW PHARMA Pre-Booking Locum Pharmacist Questionnaire**

This questionnaire will assist in determining the level of locum pharmacist support you require for your booking of BW PHARMA. Please provide as much detail as possible to assist in this process.

1. *Pharmacy Details:*

|  |  |
| --- | --- |
| NAME OF PHARMACY |  |
| ADDRESS |  |
| PHONE |  |
| FAX |  |
| EMAIL |  |
| CONTACT PERSON |  |

1. *Proposed Booking dates/times:*

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| --- |
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1. *Systems in the Pharmacy:*

|  |  |
| --- | --- |
| DISPENSE |  |
| TILL |  |

1. *Number of Staff and levels of experience:*

|  |  |
| --- | --- |
| PHARMACISTS |  |
| DISPENSARY TECHNICIANS |  |
| RETAIL STAFF |  |
| OTHER |  |

1. *Are there any extra responsibilities you require to be undertaken during the Locum assignment?*

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1. *What are the Pharmacy’s hours of operation?*

|  |  |
| --- | --- |
| MONDAY TO FRIDAY |  |
| SATURDAY |  |
| SUNDAY |  |

1. *Are there any Out of Hours responsibilities required during the proposed Locum pharmacist assignment?*

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1. *Does the Pharmacy have clear Emergency Processes in place? YES/NO*
2. *Does the pharmacy service any Hospital or Aged Care Facilities or undertake a delivery service? Please provide details below.*

|  |  |
| --- | --- |
| HOSPITALS |  |
| RACF SUPPLY |  |
| DELIVERIES |  |

1. *How many scripts does the pharmacy process on average per day? Do you undertake Webster/Sachet Packing? Do you participate in the Opiate Substitution program? Please provide details below.*

|  |  |
| --- | --- |
| SCRIPTS/DAY |  |
| WEBSTER/SACHET |  |
| OPIATE REPLACEMENT |  |

1. *Is there any other useful information that the Locum Pharmacist would require that would be of assistance during the Locum assignment?*

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Thank you for your time in compiling this information. This information will now be reviewed and BW PHARMA will be in contact with you shortly.