



Pharmacy Assessment Survey

Please complete the following form. We will review the information and contact you with our results.

Pharmacy Details

Name *

First

Last

Email *

Phone *

Pharmacy Name *

Pharmacy Address

Finances

Profit and Loss

Please provide a copy of the last 3 years, including any current accounts.



Trading Hours

Mon - Wed

Thu

Fri

Sat

Sun

Building

Lease Cost

Lease Term

Term in years

Lease Options

Total Years

Floor Area


Total in Square Metres

Staffing

Total Wages

Total including Pharmacist

Staff Roster

Please provide a copy of your current staff roster 

Dispensary / FOS

% Dispensary


% OTC

Dispensary Reports

Please provide last 2 financial years and July to current 

Any other information that you feel may be relevant

IMPORTANT:

The  symbol means that you need to provide supporting documents. This form and the supporting documents can be sent to us using the following methods.

Scan and Email to - greg.aspeling@gaps.solutions
Post to: PO Box 335, Main Beach Qld 4211