

MYGUILD ROLES

Permission form

Pharmacy information

Pharmacy Nan	ne:		
Proprietor/s:			
Guild ID:		Pharmacy State:	
Staff membe	er information		
Title:	First Name:	Last Name:	
Email:			
Phone:			

Role requested (please select all that apply)

Role	Description	Please
		tick
IR Contact	The IR contact role has permission to speak to the Guild on all IR matters and	
	access member only content on the Guild website.	
Business Manager	Through MyGuild, the business manager role has permission to:	
	 view and update pharmacy details 	
	 view and update pharmacy subscriptions 	
	view membership invoices	
Pharmacist-in-charge	The pharmacist-in-charge role has permission to access member only content on the	
_	Guild website.	

I (proprietor) give permission for the above staff member to have the role selected above (please tick).

☐ I acknowledge that I am responsible for informing The Pharmacy Guild if this staff member no longer requires access.

Name:

Position:

Date:

Signature:

Staff member declaration

I understand that I will have access to Guild member only content and acknowledge that content produced by the Guild is confidential and not for distribution to other parties. I also understand that content produced by the Guild is copyright. Apart from any use as permitted under the Copyright Act 1968, no part may be reproduced by any process without prior written permission from the Pharmacy Guild of Australia. Requests and inquiries concerning reproduction and rights should be addressed to the National Manager Business Support, The Pharmacy Guild of Australia, PO Box 310 Fyshwick ACT 2609.

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Name: Signature:



Please allow five business days for this form to be actioned. Please return form via email to myguild.support@guild.org.au or post to: MyGuild Support

PÓ Box 310