



myGuild & Industrial Relations Authorisation

Permission form

Pharmacy information

Pharmacy Name: _____
Proprietor/s: _____
Guild ID (if known): _____ Pharmacy State: _____

Staff member information

Title: _____ First Name: _____ Last Name: _____
Email: _____
Phone: _____
Position: _____

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: <ul style="list-style-type: none">• 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: _____
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.

The Pharmacy Guild of Australia only collects personal information necessary for purposes which are directly related to its functions or activities and this personal information will be handled by the Guild in accordance with the Australian Privacy Principles. To access the Guild's Privacy Policy, visit the Guild's website at www.guild.org.au/privacy-policy

Name: _____
Signature: _____



Please return form via email to reception@wa.guild.org.au or fax to 08 9324 2075.

If you have a preferred myGuild Username please indicate here: _____