



# myGuild Roles

## PERMISSION FORM

### Pharmacy information

Pharmacy Name: \_\_\_\_\_

Proprietor/s: \_\_\_\_\_

Guild ID: \_\_\_\_\_ Pharmacy State: \_\_\_\_\_

### Staff member information

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Position: \_\_\_\_\_

### Role requested (please select all that apply)

ROLE	DESCRIPTION	PLEASE TICK
<b>IR Contact</b>	The IR contact role has permission to speak to the Guild on all IR matters and access Member Only content on the Guild website including My Pharmacy Career.	<input type="checkbox"/>
<b>Business Manager &amp; QCPP Coordinator</b>	Through MyGuild, the business manager role has permission to: <ul style="list-style-type: none"><li>• view and update pharmacy details</li><li>• view and update pharmacy subscriptions</li><li>• view membership invoices</li></ul>	<input type="checkbox"/>
<b>Pharmacist-in-charge</b>	The pharmacist-in-charge role has permission to access member only content on the Guild website.	<input type="checkbox"/>

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](http://www.guild.org.au/privacy-policy)

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Please allow five business days for this form to be actioned.

Please return form via email to: [membership@nsw.guild.org.au](mailto:membership@nsw.guild.org.au)

Or post to: MyGuild Support - Suite 201, 10 Norbrik Drive, Bella Vista NSW 2153

