PLEASE PRINT ON YOUR BUSINESS LETTERHEAD

Practice/Pharmacy name

Practice/Pharmacy address

Date

NQPHN Disaster and Preparedness team

preparednessandresponse@nqphn.com.au

Re: NQPHN Emergency SMS Alert System subscription – Declaration Form

I acknowledge our Practice/Pharmacy has spent funds in the preceding 12 months that have supported the practice’s/pharmacy’s emergency response to the pandemic and/or natural disasters.

I understand that Northern Queensland Primary Health Network may require supporting evidence for auditing purposes, if requested.

I am authorised to sign this declaration on behalf of the organisation.

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| --- | --- |
| **Signature***Signature of person submitting this form* |  |
| **Full Name***Name of person submitting this form (Please print)* |  |
| **Position** |  |
| **Date of Signature** |  |