



13. LAST WEEK, where was the location of your job in pharmacy?

For state/territory, mark one box only

Main job

- | | | |
|------------------------------|------------------------------|--|
| <input type="checkbox"/> NSW | <input type="checkbox"/> SA | <input type="checkbox"/> NT |
| <input type="checkbox"/> VIC | <input type="checkbox"/> WA | <input type="checkbox"/> ACT |
| <input type="checkbox"/> QLD | <input type="checkbox"/> TAS | <input type="checkbox"/> Other territories |

Postcode

Suburb

Second job (if applicable)

- | | | |
|------------------------------|------------------------------|--|
| <input type="checkbox"/> NSW | <input type="checkbox"/> SA | <input type="checkbox"/> NT |
| <input type="checkbox"/> VIC | <input type="checkbox"/> WA | <input type="checkbox"/> ACT |
| <input type="checkbox"/> QLD | <input type="checkbox"/> TAS | <input type="checkbox"/> Other territories |

Postcode

Suburb

14. Other than the location(s) reported in question 12, do you also work in a regional, rural or remote location?

No Go to question 16

Yes Specify state, postcode and suburb below, then go to the next question

i If you work in more than one additional regional, rural or remote location, provide the one in which you usually work the most hours.

For state/territory, mark one box only

- | | | |
|------------------------------|------------------------------|--|
| <input type="checkbox"/> NSW | <input type="checkbox"/> SA | <input type="checkbox"/> NT |
| <input type="checkbox"/> VIC | <input type="checkbox"/> WA | <input type="checkbox"/> ACT |
| <input type="checkbox"/> QLD | <input type="checkbox"/> TAS | <input type="checkbox"/> Other territories |

Postcode

Suburb

15. On average, how often do you work in this location?

Mark one box only, and report the frequency worked at this location

<input type="checkbox"/> Weekly	<input type="text"/> day(s) per week
OR <input type="checkbox"/> Fortnightly	<input type="text"/> days per fortnight
OR <input type="checkbox"/> Monthly	<input type="text"/> days per month
OR <input type="checkbox"/> Quarterly	<input type="text"/> days per quarter
OR <input type="checkbox"/> Annually	<input type="text"/> days per year

SECTION C: Workforce intentions

16. In total, how many years have you worked in pharmacy in Australia?

i Include years regardless of full-time or part-time status. Exclude time spent not working and unpaid leave.

whole years

17. How many more years do you intend to remain in the pharmacy workforce in Australia?

whole years

SECTION D: Your details

18. Are you of Aboriginal or Torres Strait Islander origin?

Mark one box only

- No
- Yes - Aboriginal
- Yes - Torres Strait Islander
- Both Aboriginal and Torres Strait Islander

19. Are you a temporary resident?

No Thank you, no further questions.

Yes Specify your visa type below

- 309 - Partner (offshore)
- 402 - Training and Research
- 417 - Working Holiday
- 422 - Medical Practitioner
- 444 - Special Category
- 457 - Business (Long Stay)/Temporary Work (Skilled)
- 485 - Skilled (Graduate)
- 572 - Vocational Education and Training Sector
- 573 - Higher Education Sector
- 574 - Postgraduate Research Sector
- 820 - Partner (onshore)
- Other

Thank you, no further questions.

Please return this workforce survey to AHPRA in the same envelope as your renewal application.

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