Quality Care Pharmacy Program
An initiative of The Pharmacy Guild of Australia

cfep Surveys

# Pharmacy Patient Questionnaire Application Form

Survey pack includes **printed questionnaires**, **envelopes**, **guidelines for staff, ballot box** and a **reply paid envelope** to return surveys once completed.

| | | | |
|---|---|---|---|
| **CONTACT NAME: (Dr/Mr/Mrs/Ms/Miss)** | | | |
| **PHARMACY NAME:** | | | **QCPP Member No.** |
| **MAILING ADDRESS:** | | | **POSTCODE:** |
| **CONTACT TEL. No.** | | **EMAIL ADDRESS:** | |

Payment has been made for the amount of $242.00 (GST included) by the following method:

☐ **Bank Transfer:** Focused Evaluations Program Pty Ltd; BSB – 064110; Acc.No.: 10276795
**For reference please provide the Organisation Name as written above**.

☐ **Cheque** made payable to: 'Client-Focused Evaluations Program' or CFEP'

☐ **Credit Card: (please note a Bank Service Fee of 3% will be added to all Credit Card transactions)**
Mastercard Visa

Please debit my account. My account details are as follows:

Card no: __ __ __ __ / __ __ __ __ / __ __ __ __ / __ __ __ __ Expiry date: __ __ / __ __

Name on card: _____ Merchant Service Fee: 3%

SIGNATURE:_____DATE:_____

**Please return this form:**

Post: CFEP, PO Box 588, Everton Park, QLD 4053
Fax: (07) 3355 7047 Phone: (07) 38552093
Email: info@cfepsurveys.com.au

**WORK TOWARDS POSITIVE CHANGE**