

Agreement for locum pharmacist services

Between **proprietor** _____

Business name _____

and

Ginny Brailsford (Self-employed locum pharmacist)

Ginny Brailsford

My rate is [please enquire] per hour excl GST. I am GST registered.

I agree to

- Perform duties in line with a pharmacist job description, with diligence and professionalism.
- Act as the Charge Pharmacist in a sole-charge situation.
- Respect standard operating procedures, house rules and company policy.
- Respect business confidentiality.
- Conduct duties in the best interests of the business.
- Act reasonably, in good faith.
- Take rest and meal breaks appropriately, maintaining acceptable service levels while ensuring safe practice.
- Support a safe and healthy working environment.
- If required, arrive in time to open and/or leave after closing at no extra charge, provided no dispensing is involved.
- Invoice on day of completing work or at regular intervals for a long contract.
- Deliver medicines as required, but at extra cost (time & distance >3km at AA rates).

Please note: I may need to answer cell phone calls during work hours for future bookings.

Proprietor

I agree to

- Pay on invoice within 7 days.
- Act reasonably, in good faith.
- Provide a safe and healthy work environment.

This agreement covers the following dates and confirms the booking:

[dates and times here]

Please note: I may occasionally request time off within these dates to attend other work commitments. I expect to negotiate this directly with you, in good faith, without abandoning my commitment to provide adequate locum cover for your pharmacy.

Signed

Proprietor _____ **Date** _____

Ginny Brailsford _____ **Date** _____