

**ACT NEEDLE AND SYRINGE PROGRAM
 APPROVAL TO SUPPLY SYRINGES - APPLICATION FORM**

Section 66C Public Health Act 1997

New applicant **Renewal** **ID number** _____

Section 1 - Applicant's Details

Title	Given Names	Family Name
Occupation	<input type="checkbox"/> Doctor <input type="checkbox"/> Pharmacist <input type="checkbox"/> Nurse <input type="checkbox"/> Midwife <input type="checkbox"/> Health worker	
Organisation Outlet		
Address		
Suburb	State	Postcode
Phone	Fax	Email

Applicant Declaration

I declare that all information supplied on this form is true and correct and I am a fit and proper person who if approved, will act in accordance with *Division 3A.1 of the Public Health Act 1997*.

Signature of Applicant _____ Date _____
 Print Name _____ Position Title _____

Section 2 – Organisation Outlet Declaration. To be completed by the applicant's Manager.

Name of organisation		
Physical Address		
Suburb	State	Postcode
Phone	Fax	Email

I declare that I am satisfied that the applicant listed on this form is a fit and proper person and suitable to be involved in the Needle and Syringe program.

Signature _____ Date _____
 Print Name _____ Position Title _____

Section 3 – Training Details for Health Workers only. To be completed by the Training Provider.

I declare that the applicant listed on this form has attended an approved course of instruction on appropriate health counselling and the hygienic distribution, use, collection and disposal of syringes as determined under *Section 66B of the Public Health Act 1997*.

Date of training	Place of training
Training Provider	

***Certificate of completion must be attached to application form**

Signature of facilitator _____ Date _____
 Print Name _____ Position Title _____

COMPLETED FORMS TO BE RETURNED			
In Person:	By Post:	By Fax:	By Email:
Health Protection Service Howard Florey Centenary House 25 Mulley Street HOLDER ACT 2611	Health Protection Service Locked Bag 5005 WESTON CREEK ACT 2611	(02) 6205 1705	hps@act.gov.au

OFFICE USE ONLY

Training Certificate attached Yes No Approval Identification number..... Certificate issued on: (date).....

Officer's name: Officer's Signature..... Date:.....

Manager BSS Signature..... Application granted Yes No Date:.....