



**ACT**  
Government

**ACT Health**

**MEDICINES POISONS &  
THERAPEUTIC GOODS  
APPLICATION TO AMEND LICENCE**

**PURPOSE**

This form is to be used to apply for an amendment to a licence under the *Medicines, Poisons and Therapeutic Goods Act 2008* (the Act). You can access the legislation and its regulation at [www.legislation.act.gov.au](http://www.legislation.act.gov.au).

**PRIVACY**

The collection of personal information is required by this form for the purposes of issuing a licence under the Act. The Health Protection Service (HPS) prevents any unreasonable intrusion into a person's privacy in accordance with the *Privacy Act 1988* (Commonwealth).

**HEALTH PROTECTION SERVICE CONTACT INFORMATION**

Trading Hours: 9.00am – 4.30pm Monday to Friday

**Website:**

[www.health.act.gov.au/hps](http://www.health.act.gov.au/hps)

**General Enquires:**

(02) 5124 9700

**Email Address:**

[hps@act.gov.au](mailto:hps@act.gov.au)

**Fax Number:**

(02) 5124 5554

**INSTRUCTIONS FOR COMPLETION & IMPORTANT INFORMATION**

- This application form must be signed by the licence holder.
- The original licence certificate must be attached to this application.
- All associated documentation must accompany this application form.
- You cannot amend the licence holder with this form. A new application must be submitted.
- Complete this form using a black or blue pen only and return with a **fee of \$43.00**.
- This form may be used to amend the following licence types:
  - First Aid Kit Licence
  - Research & Education Program Licence
  - Medicines Wholesalers Licence
  - Pharmacy Medicines Rural Committees Licence
  - Dangerous Poisons Manufacturers Licence
  - Dangerous Poisons Suppliers Licence

**TRANSLATING AND INTERPRETING SERVICE**

A language assistance service is available by phoning the Translating and Interpreting Service (TIS) on 13 14 50.

**COMPLETED FORMS TO BE RETURNED**

**In Person:**

Health Protection Service  
Howard Florey Centenary House  
25 Mulley Street  
HOLDER ACT 2611

**By Post:**

Health Protection Service  
Locked Bag 5005  
WESTON CREEK ACT 2611

**By Fax:**

(02) 5124 5554

**By Email:**

[hps@act.gov.au](mailto:hps@act.gov.au)

REQUIRED INFORMATION <i>(must be completed)</i>		
LICENCE NUMBER:	FILE NUMBER:	EXPIRY DATE:
TRADING NAME: <i>(As appears on current licence/permit certificate)</i>		

PARTICULARS OF BUSINESS AMENDMENT <i>(Must be completed)</i>			
<i>Please indicate which amendment(s) you are applying for and ONLY complete the sections relevant to your changes.</i>			
<input type="checkbox"/> Business Details	<input type="checkbox"/> Contact Details	<input type="checkbox"/> Postal Details	<input type="checkbox"/> Authorised Substance
<input type="checkbox"/> Authorised Person	<input type="checkbox"/> Details of Use	<input type="checkbox"/> Supervisor	<input type="checkbox"/> Researcher Details
<input type="checkbox"/> Details of Program	<input type="checkbox"/> Security Arrangements		

BUSINESS DETAILS		
NEW TRADING NAME:		
<b><i>PHYSICAL ADDRESS OF BUSINESS</i></b>		
SHOP NUMBER:	PROPERTY NAME:	
STREET ADDRESS:		
SUBURB:	STATE:	POSTCODE:

CONTACT DETAILS – ONSITE PERSON	
GIVEN NAME:	FAMILY NAME:
BUSINESS PHONE:	MOBILE PHONE:
AFTER HOURS PHONE:	FAX:
EMAIL ADDRESS:	

POSTAL DETAILS – BUSINESS CORRESPONDENCE POSTAL ADDRESS		
STREET NUMBER/PO BOX:	STREET NAME:	
SUBURB:	STATE:	POSTCODE:

AUTHORISED SUBSTANCE				
SUBSTANCE DETAILS:				
NAME OF SUBSTANCE	STRENGTH	FORM OF SUBSTANCE	MAXIMUM QUANTITY*	TOTAL QUANTITY*

\* *Maximum Quantity*: the quantity that would be possessed under the licence at any one time.

\* *Total Quantity*: the quantity that may be possessed during the licence period.

<b>PARTICULARS OF BUSINESS AMENDMENT (CONTINUED)</b>
<b>SECURITY ARRANGEMENTS</b>
<i>Please provide details:</i>

<b>AUTHORISED PERSON DETAILS - <i>Applicable to First Aid Kit licence ONLY</i></b>				
Details of each additional person proposed to be authorised to deal under the licence. If insufficient space provided to record all details, please attach additional information to this application. <i>Note: Occupation must be a registered nurse or ambulance paramedic.</i> <i>Ambulance paramedic qualifications must be an Associate Diploma Health Science (Ambulance Officer) or equivalent.</i>				
<b>Given Names</b>	<b>Family Name</b>	<b>Residential Address</b>	<b>Occupation</b>	<b>Qualifications &amp; Board Registration No. (if applicable)</b>

<b>DETAILS OF USE - <i>Applicable to First Aid Kit licence ONLY</i></b>
<i>Details of the situations in which the proposed medicines will be used (e.g. operational protocols).</i> <i>Details of workplaces and/or community venues at which the relevant medicines are proposed to be administered.</i>

<b>SUPERVISOR – <i>Applicable to Research &amp; Education, Medicines Wholesalers and Dangerous Poisons licences ONLY</i></b>	
<b>GIVEN NAME:</b>	<b>FAMILY NAME:</b>
<b>BUSINESS NUMBER:</b>	<b>MOBILE:</b>
<b>QUALIFICATIONS*:</b>	

\**Supervisor Qualifications, for Research and Education Program, refer to academic, professional or other relevant experience.*

PARTICULARS OF BUSINESS AMENDMENT (CONTINUED)	
RESEARCHER DETAILS - <i>Applicable to Research and Education Program licences ONLY</i>	
GIVEN NAME:	FAMILY NAME:
BUSINESS NUMBER:	MOBILE:
QUALIFICATIONS*:	

*\*Researcher Qualifications: for Research and Education Program, researchers refer to academic, professional or other relevant experience.*

DETAILS OF PROGRAM - <i>Applicable to Research and Education Program licence ONLY</i>
PROGRAM/PROJECT TITLE:
DESCRIPTION OF THE PROGRAM/PROJECT: <i>(include an explanation of why it cannot be carried out satisfactorily without the use of the proposed regulated substance(s):</i>

DECLARATION – <i>Applicable to all licences</i>
<p>I declare that I am authorised to supply all the information above; that all the information supplied on this form is true and correct; and that there are necessary records and/or documentation to support this licence application.</p> <p>I understand that failure to submit all required information and documentation may delay my application and that the provision of false or misleading information may be a criminal offence.</p>
<p>NAME: _____ POSITION: _____</p> <p>SIGNATURE: _____ DATE: _____</p>

CREDIT CARD DECLARATION - IF PAYING BY CREDIT CARD
<p><input type="checkbox"/> I agree to the credit card (details provided at <b>Part K</b>) being debited the required fee and credit card details destroyed immediately once the transaction is processed.</p>
<p>SIGNATURE: _____ DATE: _____</p>

