

PUBLIC EMPLOYEES PERMIT APPLICATION TO AMEND

PURPOSE

This form is to be used to apply for an amendment to a permit 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.

PRIVACY

The collection of personal information is required by this form for the purposes of issuing a permit 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	General Enquires: (02) 5124 9700	Email Address: hps@act.gov.au	Fax Number: (02) 5124 5554
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INSTRUCTIONS FOR COMPLETION & IMPORTANT INFORMATION

- This application form must be signed by the permit holder.
- The original permit certificate must be attached to this application.
- All associated documentation must accompany this application form.
- You cannot amend the permit holder using this form; a new application must be submitted.

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
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REQUIRED INFORMATION <i>(must be completed)</i>		
PERMIT NUMBER:	FILE NUMBER:	EXPIRY DATE:
NAME OF GOVERNMENT DEPARTMENT OR AGENCY: <i>(As appears on current permit certificate)</i>		

PARTICULARS OF AMENDMENT <i>(Must be completed)</i>			
<i>Please indicate which variation 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"/> Additional Authorised Person
<input type="checkbox"/> Authorised Substance	<input type="checkbox"/> Details of use	<input type="checkbox"/> Details of Program	<input type="checkbox"/> Security Arrangements

BUSINESS DETAILS		
NEW NAME OF GOVERNMENT DEPARTMENT OR AGENCY <i>(if applicable)</i> :		
<i>PHYSICAL ADDRESS OF AGENCY, DEPARTMENT, BRANCH or SECTION OFFICE</i>		
STREET NUMBER:	PROPERTY NAME:	
STREET ADDRESS:		
SUBURB:	STATE:	POSTCODE:

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

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

ADDITIONAL AUTHORISED PERSON DETAILS				
<i>Details of each other person proposed to be authorised to deal under the Permit.</i>				
<i>If insufficient space provided to record all details, please attach additional information to this application.</i>				
<i>Person(s) may be listed on the permit by individual name or public employee position number.</i>				
Do you wish for authorised person(s) to be listed on permit by Name <input type="checkbox"/> or Position Number <input type="checkbox"/>				
If listed by Position Number, Duty Statements attached: Yes <input type="checkbox"/> No <input type="checkbox"/>				
GIVEN NAMES	FAMILY NAME	POSITION TITLE	POSITION NUMBER	OCCUPATION

PARTICULARS OF AMENDMENT (CONTINUED)

AUTHORISED SUBSTANCE OR THERAPEUTIC GOOD (applicable to all permits)

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.

DETAILS OF USE

Please provide:

- details of the situations in which the proposed medicines will be used (e.g operational protocols).
- details of workplaces and/or community venues at which the relevant medicines are proposed to be administered.

DETAILS OF PROGRAM

PROGRAM/PROJECT TITLE:

DESCRIPTION OF THE PROGRAM/PROJECT: (include an explanation of why it cannot be carried out satisfactorily without the use of the proposed regulated substance(s):

PARTICULARS OF AMENDMENT (CONTINUED)

SECURITY ARRANGEMENTS

Please provide details:

DECLARATION OF SUITABILITY

I declare that I am a suitable person to hold a permit because:

- I, a close associate or a corporation where I am an executive officer has not been convicted or found guilty in the 5-year period before the day of application for the licence of an offence against this Act or an offence in Australia or elsewhere in relation to a regulated substance or regulated therapeutic good.
- I, or a close associate, are not an undischarged bankrupt now or were in the 5-year period before application, or have executed a personal insolvency agreement.
- I, or a close associate, were not involved in the management of a corporation in the 5-year period before application that became the subject of a winding-up order or where an administrator was appointed for the corporation

NAME:

SIGNATURE:

DECLARATION

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.

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.

NAME: _____

POSITION: _____

SIGNATURE: _____

DATE: _____