

PURPOSE

This form is to be used to apply for a licence under the *Medicines, Poisons and Therapeutic Goods Act 2008* (the Act). You can access the Act 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 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

General Enquires:

(02) 5124 9700

Email Address:

hps@act.gov.au

Fax Number:

(02) 5124 5554

INSTRUCTIONS FOR COMPLETION & IMPORTANT INFORMATION

The licence may be issued to the applicant for the licence, who is the person(s) who will have the overall responsibility for the licence, including responsibility for any contraventions of the Act.

Accordingly:

- (1) Trusts will not be licensed. Companies operating as trustees for a trust will be licensed in the company name only.*
- (2) Applications listing a partnership as the owner will not be accepted. If your business is operated by a partnership, one or more of the individuals in the partnership will need to be listed.*
- (3) Parts B and C of this application form must be separately completed for each individual to be listed as an owner. Extra copies of Parts B and C are available at www.health.act.gov.au/hps or by contacting the HPS.*

- The applicant should be familiar with the *Medicines, Poisons and Therapeutic Goods Act 2008* and the *Medicines, Poisons and Therapeutic Goods Regulation 2008*.
- Failure to comply with ACT legislation renders a person liable to prosecution.
- Information is collected for licence purposes and will not be provided to other parties without consent, or if otherwise required by law.
- Complete this form using a black or blue pen only.
- **Part D provides details of the fee required. Payment details must be supplied on page 11.**
- Both declarations on page 10 must be signed.

Is the licence to be issued to a corporation (a Company, Incorporated Association, Government agency or a Registered Charitable Organisation)?

YES ☐ **Complete PART A, C, D and E** of this application. NB: Trusts or Partnerships will not be licenced. Companies operating as trustees for a trust will be registered in the company name only.

NO ☐ **Complete PART B, C, D and E** of this application. Separate details must be completed by each individual listed as an applicant.

Confirmation of identity will need to be produced either:

1. In person at the Health Protection Service office; or
2. By submitting photographic identification copies via post/email/fax to the HPS office.

TRANSLATING AND INTERPRETING SERVICE

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

COMPLETED FORMS AND PAYMENT TO BE RETURNED

In Person:

Health Protection Service
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

If the application is faxed or emailed, please do not post the original.

CHECKLIST**If applying as an INDIVIDUAL**

<input type="checkbox"/>	Part B completed and signed: Applicant details for an individual (one copy for each owner)
<input type="checkbox"/>	Part C complete: Proof of identification (one copy for each owner)
<input type="checkbox"/>	One form of current photographic identification (for each signatory)
<input type="checkbox"/>	Part E completed: Licence application details
<input type="checkbox"/>	Declarations signed (page 10)
<input type="checkbox"/>	Attached payment (page 11)

If applying as a CORPORATION

<input type="checkbox"/>	Part A completed and signed: Applicant details of a company
<input type="checkbox"/>	Attached current company extract issued by the Australian Securities and Investment Commission (ASIC)
<input type="checkbox"/>	Part C complete: Proof of identification (for company agent)
<input type="checkbox"/>	One form of current photographic identification (for company agent)
<input type="checkbox"/>	Part E completed: Licence application details
<input type="checkbox"/>	Declarations signed (page 10)
<input type="checkbox"/>	Attached payment (page 11)

PART A – APPLICANT DETAILS FOR A COMPANY (Do NOT complete if you are applying as an individual)

A copy of the Company's current extract (*issued within the previous 30 days*) from the Australian Securities and Investment Commission (ASIC) must be attached.

COMPANY NAME

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AUSTRALIAN COMPANY NUMBER (A.C.N.) - Leave blank if an Incorporated Association, Government agency or a Registered Charitable Organisation

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PART B – APPLICANT DETAILS FOR AN INDIVIDUAL (Do NOT complete if you are applying as a company)

Note for Multiple Owners: (for example partnerships) Copies of Part B are available at www.health.act.gov.au/hps or by contacting the HPS.

TITLE (Mr, Ms)**GIVEN NAMES****FAMILY NAME**

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PART C - APPLICANT ADDRESS (If applying as a company the registered company address must be provided)

(Property Name, Unit, Flat Number, Street Number, Street Name)

CITY / SUBURB / TOWN	STATE / TERRITORY	POSTCODE

PART C - APPLICANT POSTAL ADDRESS (If different to above applicant address)

CITY / SUBURB / TOWN	STATE / TERRITORY	POSTCODE

BUSINESS HOURS PHONE NUMBER**MOBILE NUMBER**

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FAX NUMBER**EMAIL ADDRESS**

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DECLARATION

I, _____, confirm that the information supplied on this page is true and accurate and understand that the provision of false or misleading information is an offence.

Signature : _____
(For Companies - Signature of authorised agent only)

Position Title (Companies): _____

Date: / /

PART C – PROOF OF IDENTIFICATION (Must be completed for company (by the registered agent) and individual if applicable)

One form of current photographic identification must be provided for each signatory in Parts A or B.

ACCEPTABLE FORMS OF PHOTOGRAPHIC IDENTIFICATION – Examples below

- Driver's licence
- Proof of age or identity card issued by a State/Territory
- Passport

FORMS OF IDENTIFICATION PROVIDED

Type	Number	Expiry Date	Copy Attached
			<input type="checkbox"/>
			<input type="checkbox"/>

Note for Multiple Applicants: (for example partnerships) Copies of Part C are available at www.health.act.gov.au/hps or by contacting the HPS.

PART D - LICENCES (Please ✓ licence type you are applying for)

- ☐ **First-aid Kit Licence** – (FK) (\$285.30 per year) *If you are applying for a FK licence please complete Part E Business Details and Section 1 First-aid Kit.*

REQUIRED INFORMATION

- ☐ Qualifications – Evidence to support the qualifications of all persons authorised under the (FK) licence
- ☐ Letter of Support – The original letter of support from a registered Medical Practitioner who will provide medical direction and support to the licence holder.
- ☐ Copy of approval under the *Emergencies Act 2004* (if applicable).
- ☐ Declaration and payment (page 10).

- ☐ **Research & Education Program Licence** – (R&EP) (\$45.65 per year) *If you are applying for a R&EP licence please complete Part E Business Details and Section 2 Research & Education Program Section only.*

- ☐ *Controlled Medicines R&EP Licence* ☐ *Dangerous Poisons R&EP Licence* ☐ *Prohibited Substances R&EP Licence*

REQUIRED INFORMATION

- ☐ Approval of the proposed program by the person in charge of the institution, faculty or division (full name, position held, academic qualifications, statement of approval).
- ☐ HREC approval – A copy of the Human Research Ethics Committee approval (HREC) (if applicable).
- ☐ Declaration and payment (page 10).

- ☐ **Medicines Wholesalers Licence** – (MW) (\$474.15 per year). *If you are applying for a MW licence please complete Part E Business Details and Section 3 – Supervisor Details*

REQUIRED INFORMATION

- ☐ Qualifications – Evidence to support the qualifications (in chemistry, pharmacy, or pharmacology or experience appropriate for the sale of medicines) of the person who is to supervise the dealings authorised under the licence.
- ☐ Floor Plan – A plan of the premises that shows where the medicines are proposed to be stored and the location and nature of security devices.
- ☐ Declaration and payment (page 10).

- ☐ **Pharmacy Medicines Rural Communities Licence** – (PMRC) (\$160.80 per year). *If you are applying for a PMRC licence please complete Part E Business Details Section only.*

REQUIRED INFORMATION

- ☐ Map - A map showing the location of the proposed business for the licence and the distance to the nearest community pharmacies.
- ☐ Declaration and payment (page 10).

- ☐ **Dangerous Poisons Manufacturers Licence** – (DPM) (\$474.15 per year) *If you are applying for a DPM licence please complete Part E Business Details and Section 3 – Supervisor Details*

REQUIRED INFORMATION

- ☐ Plan – A plan of the premises that shows each part of premises where:
- A process in the manufacture of the dangerous poisons is proposed to be carried and the nature of the process.
 - It is proposed to store the dangerous poisons to which the application relates and any other dangerous poisons obtained for the manufacture of those dangerous poisons; and
 - Location and nature of security devices.
- ☐ Qualifications - Evidence to support the qualifications of the person who is to supervise the dealings with authorised substances under the licence.
- ☐ Declaration and payment (page 10).

- ☐ **Dangerous Poisons Suppliers Licence** – (DPS) (\$474.15 per year) *If you are applying for a DPS licence please complete Part E Business Details and Section 3 – Supervisor Details*

REQUIRED INFORMATION – Attached to application

- ☐ Plan – A plan of premises that shows each part of premises where:
- It is proposed to store the dangerous poisons to which the application relates and any other dangerous poisons obtained for the manufacture of those dangerous poisons; and
 - Location and nature of security devices.
- ☐ Qualification Compliance - Evidence to support the qualifications of the person who is to supervise the dealings.
- ☐ Declaration and payment (page 10).

☐ **Other Medicines, Poisons and Therapeutic Goods Licence** – (Other) (\$0 per year) *If you are applying for an Other licence please complete Part E Business Details and Section 4 – Supervisor Details and Details of Use.*

☐ Qualifications – Evidence to support the qualifications (refers to academic, professional or other relevant experience) of the person who is to supervise the dealings authorised under the licence.

☐ Floor Plan – A plan of the premises that shows where the medicines are proposed to be stored and the location and nature of security devices.

☐ Declaration and payment (page 10).

PART E – LICENCE APPLICATION DETAILS *(must be completed)*

TRADING NAME – *if applicable*

PHYSICAL ADDRESS OF BUSINESS

NUMBER:

PROPERTY NAME:

STREET NAME:

SUBURB:

STATE:

POSTCODE:

BUSINESS ONSITE CONTACT PERSON

GIVEN NAME:

FAMILY NAME:

BUSINESS PHONE:

MOBILE PHONE:

EMAIL ADDRESS:

FAX:

Is the storage address the same as physical address of business? ☐ No ☐ Yes *(If Yes continue to OPERATIONAL DETAILS)*

PROGRAM/STORAGE ADDRESS

NUMBER:

PROPERTY NAME:

STREET NAME:

SUBURB:

STATE:

POSTCODE:

CONTACT NAME:

CONTACT NUMBER:

OPERATIONAL DETAILS *(Applicable to all licences unless otherwise stated)*

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.

SECURITY ARRANGEMENTS

Please provide information.

SECTION 1 - FIRST-AID KIT (FK)**AUTHORISED PERSON DETAILS**

Details of each 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.

Note: Occupation must be a registered nurse or ambulance paramedic. Ambulance paramedic qualifications must be Associate Diploma Health Science (Ambulance Officer) or equivalent.

Given Names	Family Name	Residential Address	Occupation	Qualifications & Board Registration. No. (if applicable)

DETAILS OF USE

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.

☐ If insufficient space provided to record all details, please attach additional information to this application.

Please ensure that both declarations on page 10 are signed and payment details are provided on page 11.

SECTION 2 - RESEARCH & EDUCATION PROGRAM (R&EP)

Is the supervisor the same as applicant? ☐ No ☐ Yes – (if Yes continue to **RESEARCHER DETAILS**)

SUPERVISOR	
GIVEN NAME:	FAMILY NAME:
PHONE NUMBER:	MOBILE:
QUALIFICATIONS*:	

*Supervisor qualifications: for R&EP refers to academic, professional or other relevant experience.

Is the researcher the same as the supervisor? ☐ No ☐ Yes – (if Yes continue to **DETAILS OF PROGRAM**)

RESEARCHER DETAILS	
GIVEN NAME:	FAMILY NAME:
PHONE NUMBER:	MOBILE:
QUALIFICATIONS*:	

*Qualifications: for R&E researchers refers to academic, professional or other relevant experience.

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):

☐ If insufficient space provided to record all details, please attach additional information to this application.

PROPOSED SUPERVISION ARRANGEMENTS FOR THE PROGRAM/PROJECT

Please ensure that both declarations on page 10 are signed and payment details are provided on page 11.

SECTION 3 - MEDICINES WHOLESALERS (MW) , DANGEROUS POISONS MANUFACTURERS (DPM) & DANGEROUS POISONS SUPPLIERS (DPS)

Is the supervisor the same as applicant? ☐ Yes ☐ No – (if No complete below information)

SUPERVISOR	
GIVEN NAME:	FAMILY NAME:
PHONE NUMBER:	MOBILE:
QUALIFICATIONS*:	

*Supervisor's qualifications for MW, DPM & DPS licences must be in chemistry, pharmacy or pharmacology or appropriate sales experience.

SECTION 4 – OTHER MEDICINES, POISONS AND THERAPEUTIC GOODS LICENCE (OTHER)

Is the supervisor the same as applicant? ☐ No ☐ Yes – (if Yes continue to RESEARCHER DETAILS)

SUPERVISOR	
GIVEN NAME:	FAMILY NAME:
PHONE NUMBER:	MOBILE:
QUALIFICATIONS*:	

*Supervisor qualifications: for OTHER licence refers to academic, professional or other relevant experience.

DETAILS OF USE

Details of the situations in which the proposed substances will be dealt (e.g. operational protocols). Details of workplaces and/or community venues at which the relevant medicines are proposed to be dealt.

☐ If insufficient space provided to record all details, please attach additional information to this application.

PROPOSED SUPERVISION ARRANGEMENTS FOR THE USE OF SUBSTANCES

☐ If insufficient space provided to record all details, please attach additional information to this application.

Please ensure that both declarations on page 10 are signed and payment details are provided on page 11.

DECLARATION AND PAYMENT (*Must be completed*)**DECLARATION OF SUITABILITY**

I declare that I am a suitable person to hold a licence 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 the 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 FOR ENTIRE APPLICATION

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: _____

PAYMENT**LICENCE DURATION AND FEE PAYABLE – PLEASE TICK (✓)**

Licence type	1 year	2 years	3 years
First-aid Kit Licence	<input type="checkbox"/> \$285.30	<input type="checkbox"/> \$570.60	<input type="checkbox"/> \$855.90
Research & Education Program Licence	<input type="checkbox"/> \$45.65	<input type="checkbox"/> \$91.30	<input type="checkbox"/> \$136.95
Medicines Wholesalers Licence	<input type="checkbox"/> \$474.15	<input type="checkbox"/> \$948.30	<input type="checkbox"/> \$1422.45
Pharmacy Medicines Rural Communities Licence	<input type="checkbox"/> \$160.80	<input type="checkbox"/> \$321.60	<input type="checkbox"/> \$482.40
Dangerous Poisons Manufacturers Licence	<input type="checkbox"/> \$474.15	<input type="checkbox"/> \$948.30	<input type="checkbox"/> \$1422.45
Dangerous Poisons Suppliers Licence	<input type="checkbox"/> \$474.15	<input type="checkbox"/> \$948.30	<input type="checkbox"/> \$1422.45

PAYMENT METHOD

Please tick (✓)

- ☐ Cheque (please make payable to the Health Protection Service)
- ☐ Credit card (please complete details below)

CREDIT CARD DETAILS - IF PAYING BY CREDIT CARD

- ☐ I agree to this credit card being debited the required fee and the credit card details being destroyed once the transaction is processed.

GST is not applicable under section 81-5 of the A New Tax System (Goods and Services Tax) Act 1999.

Card Holder's Name: _____

Card Holder's Signature: _____ Date: ____/____/____

Daytime Phone No: _____

Card Number (Visa or MasterCard only)**Expiry Date**

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