

Application to the Chief Executive for an approval to use scheduled medicines

Scheduled medicines approval (Section 18)

- This form is to be used to apply for an approval to the Chief Executive to use scheduled medicines pursuant to the [Health \(Drugs and Poisons\) Regulation 1996](#).
- **Please contact us** before completing this form (07) 3328 9310.
- An approval is valid only while the applicant continues to be employed by the employer nominated on this application. The approval is not transferable between employers. When an approval holder changes his/her employment, the approval becomes invalid and an application must be made for a new approval by the employee.
- Please print clearly and answer all questions in full.
- The Department of Health is not able to accept a photocopy, facsimile (fax) or emailed copy of the application form.
- Evidence of identity (certified photocopy) must be included with this application such as a drivers licence, passport or Adult Proof of Age Card.
- Official photocopied documents including evidence of identity must bear the certification and original signature, name and occupation of an authorised identifier (certified copy) i.e. Justice of the Peace, Commissioner for Declarations, police officer, solicitor or an officer from a local [Public Health Unit](#).
- Further information is available via the [Department of Health website](#) or telephone.

1. Purpose

Please tick all relevant purposes:

analytical/laboratory use (*other than at a university*)

research use (*other than at a university*)

other

If other please specify:

Yes Will other persons be using the medicines under the supervision of the applicant?
No

Period for which approval is required (2 year maximum)

Please explain the reasons for the application. Attach any other relevant information in support of the application.

Are you:

Sole trader or in a business partnership
(complete section 2 then go to section 4)

Incorporated company? Go to section 3

2. Applicant details

- The licence will be issued in the name(s) recorded below.
- Attached certified evidence of identification.
- If more than two partners, attach details as below for each partner.

Individual/partner 1

Title Given name

--	--

Surname

Date of birth

Phone number

Mobile number

Email

Residential address

P/C

State

--	--

Postal address *Same as residential*

P/C	State

Individual/partner 2

Title Given name

--	--

Surname

--

Date of birth

--

Phone number

--

Mobile number

--

Email

--

Residential address

P/C	State

Postal address *Same as residential*

P/C	State

3. Corporate details

Provide details as per the Certificate of Incorporation issued by the Australian Securities and Investment Commission (ASIC) and attach a certified copy. The approval will be recorded in the company name.

Company name

--

Australian company number

--

Website

--

Director 1

Title Given name

--	--

Surname

--

Date of birth

--

Phone number

--

Mobile number

--

Email

--

Residential address

P/C	State

Postal address *Same as residential*

P/C	State

Director 2

Title Given name

--	--

Surname

--

Date of birth

--

Phone number

--

Mobile number

--

Email

--

Residential address

P/C	State

Postal address *Same as residential*

P/C	State

4. Business details

Provide details as per the Business Names Register extract issued by ASIC and attach a certified copy.

Business name

--

Contact person for approval

--

Contact number

--

Contact email

--

Business address

P/C	State

Business postal address *Same as business*

P/C	State

Telephone

--

5. Storage description

Controlled medicines (S8) must be stored in a manner that complies with Appendix 6 of the Health (Drugs and Poisons) Regulation 1996. Restricted medicines (S4) must be held at all times in secure, locked storage.

Identifying name (name of premises, building etc.)

--

Street address (include shed/unit number)

--

Type of storage (details of vehicle, room, receptacle)

--

Security measures (lockable storage, key possession etc.)

--

6. Scheduled medicines requested

List the scheduled medicines and/or poisons that you propose to add or remove from your approval or licence as per the [Standard for Uniform Scheduling of Medicines and Poisons](#) (The Poisons Standard – *Therapeutic Goods Act 1989*)

- Use the attached file (XLS, 527 KB) and complete as per the example in the spreadsheet.
- You will need to open the file, complete, print and attach with this application.



List of medicines and poisons (XLS, 527 KB)

Double click the icon to open or download from our [website](#).

7. Disclosure

Has the applicant*:

been convicted of an indictable offence (Drink driving and traffic offences are not indictable offences)?	Yes	No
---	-----	----

been convicted of an offence against Health Act 1997 or the Health (Drugs & Poisons) Regulation 1996 or a repealed provision or a corresponding law that was suspended or cancelled?	Yes	No
--	-----	----

held an approval granted under the Health (Drugs & Poisons) Regulation 1996 or a repealed provision or a corresponding law that was suspended or cancelled?	Yes	No
---	-----	----

ever been refused an approval under the Health (Drugs & Poisons) Regulation 1996 or a repealed provision or a corresponding law?	Yes	No
--	-----	----

**If any questions are answered 'YES', please attach documentation that provides details of the offence, the nature of the offence and the circumstances of its commission. Applicants are advised that in order to ensure the requirements of Section 15 of the Health (Drugs and Poisons) Regulation 1996 are met, the Department of Health may in certain circumstances, provide the information contained in this application to relevant external agencies.*

8. Endorsement

This section is to be completed by the applicant's supervisor or employer. For applicants employed by Hospitals and Health Services (HHS), this section must be signed by the Chief Executive of the HHS.

The applicant (*applicant's name*)
is employed by (*employer's name*)

and is required to possess and use the drugs listed on this form as part of their employment. I support this application.

Title and full name
Position
Contact number
Email
Date
Signature

9. Declaration

To be completed by a person who has authority from the approval holder. Please affirm:

I/We consent to the making of enquiries of, and the exchange of information with the authorities of any State, Territory or Commonwealth regarding any matters relevant to this application.

I/We declare that the information stated by us/me on this application form and accompanying this application is true correct and complete.

I/We have read, understand and agree to comply with the relevant provisions of Health (Drugs and Poisons) Regulation 1996.

- Controlled drugs provision – Chapter 2 Parts 1, 2, 3, 5, 7, 8, 10
- Restricted drugs provision – Chapter 3 Parts 1, 2, 3, 5, 7, 8, 10

Signature 1

Full name

Position

Date

Signature 2

Full name

Position

Date

Applications must be forwarded by POST to:

Chief Executive
Public Health Regulation and Licensing Team
PO Box 2368
FORTITUDE VALLEY QLD 4006

Privacy Statement: The Department of Health provides this form under the [Health \(Drugs and Poisons\) Regulation 1996](#). The information and documents collected for the purpose of this application may be accessible by authorised departmental persons. The department will not disclose your personal information or supporting documents to third parties without your consent unless required or authorised by law.

The [Information Privacy Act 2009](#) sets out the rules for the collection and handling of personal information by the Department of Health. For information about how the Department of Health protects your personal information, or to learn about your right to access your own personal information, please see our [website](#).