Research/Education Permit

Application Form

*Medicines and Poisons Act 2014*

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| INSTRUCTIONS and INFORMATION | |
|  | This application form is for a new **Research/Education Permit** to purchase Schedule 2,3,4,8 medicines or Schedule 7 poisons for the purpose of conducting research or education. Usually, research/education permits will only be issued to universities, schools, registered training organisations (RTO) or government departments.  This application form **MUST** be completed by the nominated applicant who will be:   * the individual Permit/ holder or * a corporate officer, if the Permit/ is being issued to a body corporate or * a partner, if the Permit/ is being issued to a partnership   The applicant must be suitably qualified and understands the requirements and terminology contained in this application form.  **All communication will ONLY be with the nominated Permit holder, corporate officer or partner.**  To request a change to an existing Research/Education Permit, please complete an Application to Change a Research/Education Permit found at: [Application forms for Licences and Permits](https://ww2.health.wa.gov.au/Articles/A_E/Application-forms-for-Licences-and-Permits)  There are five parts to this form:  Part 1: Application form for a Research/Education Permit or  Part 2: Personal Information: Identification, Fitness and Probity (PIF) to be completed by the nominated applicant.  Part 3: Personal Information: Identification, Fitness and Probity (PIF) to be completed by the nominated responsible person.  Part 4: Payment and checklist.  Part 5: Appendices |
|  | **Permit/ holder and qualifications**  **2.1** **Permits/s can be issued to:**   1. Individual applicants who:  * must complete Part 2: Personal Information: Identification, Fitness and Probity and sign the declaration at Section 14.   + must be suitably qualified and either in charge of a laboratory or department involved in research, teaching and demonstration, analysis, study or other approved activity in which the medicines or poisons are to be used. An individual applicant can also be the Chief Investigator named in the Ethics Approval.   + must provide a National Police Clearance (NPC) certificate which is less than 12 months old.   + must have authority within the organisation to determine policies and procedures in relation to handling and managing the medicines or poisons on the Permit.   **or**   1. Body corporate (corporation) or partnership and:    * each corporate officer (directors, company secretary, chief executive officer, general manager and chief financial officer) or each partner must complete Part 2: Personal Information: Identification, Fitness and Probity and sign the declaration at Section 14.    * each corporate officer or partner must provide a National Police Clearance (NPC) certificate which is less than 12 months old.   **2.2 Permits/s issued to a corporation or partnership**  The corporation or partnership must always employ a person who:   * is a Research Director, Laboratory Director or equivalent position and is suitably qualified in the same way that an individual applicant is required to be (see 2.1.a) and * must have authority within the corporation or partnership to determine policies and procedures in relation to handling and managing the medicines or poisons on the Permit   **2.3 Permit holder responsibilities**  If the Permit is issued, it is the responsibility of the applicant (Permit holder) to ensure compliance with the *Medicines and Poisons Act 2014* and Regulations 2016 and any conditions placed on the Permit.  The Permit holder must also consider whether they have capacity to ensure compliance with the *Medicines and Poisons Act 2014* and Regulations 2016 and compliance with conditions placed on the Permit for every premises listed on the Permit. The Department may request further information in relation to this capacity.  The Permit holder should review standard operating procedures used by the organisation to check they are consistent with the mandatory requirements of the legislation and any conditions placed on the Permit.  There are penalties under the Act for providing false or misleading information when applying for a Permit. |
|  | **Person responsible for a premises**  An individual person must also be nominated to have overall responsibility for each premises included on the Permit. The role of the responsible person is to manage the medicines or poisons on a day to day basis and be the contact person if the Permit holder is not available.  The responsible person for a premises must:   * be employed or contracted by the Permit holder * reside in WA * complete Part 3: Personal Information: Identification, Fitness and Probity * provide a National Police Clearance (NPC) certificate which is less than 12 months old and * sign the declaration at Section 19.   **3.1 Responsible person for a Permit issued to an individual person:**  The responsible person for a premises when a Permit is issued to an individual person can be:   1. the individual Permit holder, only if the Permit is issued to a suitably qualified individual person and not a corporation or partnership   **or**   1. the most senior suitably qualified person at the premises.   **3.2 Responsible person for a Permit issued to a corporation or partnership**  The responsible person for a premises when a Permit is issued to a corporation or partnership can be:   1. a suitably qualified person who is either:    * in charge of a laboratory or department involved in research, teaching and demonstration, analysis, study or other approved activity in which the medicines or poisons are to be used, or    * the Chief Investigator named in the Ethics Approval   **or**   1. another person who is the most senior suitably qualified person at the premises on a day to day basis. The suitability of this person will be assessed during the review of the application.   **or**   1. the person employed by the corporation or partnership as per 2.2   Please note: a responsible person must consider whether they have capacity to oversee the day to day management of the medicines or poisons at every premises for which they are responsible. Where a single person is responsible for multiple premises, the Department may request further information in relation to this capacity. |
|  | **Taking over from another organisation with a Research/Education Permit**  If you are taking over a premises from an organisation that has a Research/ Education Permit, the current Permit holder must remove this premises from their Permit by completing an Application to Change a Research/Education Permit. The application to remove this premises from the other Permit must be received by the Department prior to adding this premises to your Permit. You may have to liaise with the organisation so that the change in Permit holder is coordinated. This ensures the medicines or poisons stored at the premises are always on a Permit.  *The Department does not coordinate the change in Permit holder.* |
|  | **Schedule 2, 3, 4, 7 and 8 medicines and poisons**  The sections relating to required scheduled medicines are divided into two different sections.  Section 5 relates to the storage and use of Schedule of 2,3, and 4 medicines and Schedule 7 poisons, and Section 6 relates to Schedule 8 (Controlled Drug) medicines.  Note: a Permit is not required for Schedule 5 or 6 poisons |

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|  | **Standard Operating Procedures (SOP).**  This application requires the applicant to confirm the that the organisation has a Standard Operating Procedure (SOP) for animal euthanasia if applicable. The Department may request that the SOP be made available for auditing purposes. The issuing of a Permit does not imply approval or otherwise of the SOP. |
|  | **Required documents**  The applicant and responsible person are required to submit copies of certain documents.  If documents are not in English, also attach a translation certified as completed by a National Accreditation Authority for Translators and Interpreters (NAATI) accredited translator.  Copies of photographic identification documents, such as a driver’s licence or passport must be certified as a true copy. A list of people who can certify copies of documents is found in Appendix C. |
|  | **Signatures**  All signatures must be signed in ink or via a verifiable electronic signature. An electronic signature is only acceptable if the submitted application allows the Department to verify the signature.  A “signature” that is copied and pasted and a “signature” that is the person’s name in a font style resembling handwriting will not be accepted.  The nominated Permit holder must sign the Declaration at Section 8 for obtaining a Permit. If the Permit will be held by a corporation or partnership, a corporate officer or partner must sign the Declaration. |
|  | **Issuing a Permit**  Applying for a Permit does not guarantee a Permit will be issued.  An application must be deemed complete and payment received before the application is sent to the approvals team where a desktop risk assessment is conducted by an authorised officer.  The Department assesses each application individually and may decide against issuing a Permit.  If the Permit is issued:   * it will expire 1 year after the date of issue, * a renewal application will be mailed to the postal address approximately 2 months prior to expiry.   + It is the Permit holder’s responsibility to inform the Department if the postal address changes.   If the Permit is not issued:   * the applicant will be provided with details of the reasons in writing, * the yearly Permit fee will be refunded, * the application fee is non-refundable. |
|  | **Processing applications**  Applications will be processed in order of receipt after payment has been processed by Finance, provided the required fee has been paid. To ensure a timely decision about your application, please:   * Complete all required Sections of the application, * **Attach** all requested documentation to the application, * Respond to requests from the Department for additional information as soon as possible, * Make sure appropriate staff are available if the Department needs to conduct a premises inspection, * Please do not submit your application as a digital image (photograph). |
|  | **Extra information**  When applying for a Permit please refer to the: [Guide to applying for a Licence or Permit](https://ww2.health.wa.gov.au/Articles/A_E/Application-forms-for-Licences-and-Permits) |
|  | **Submitting the application**  Please email completed form and other requested documentation to [mprb@health.wa.gov.au](mailto:mprb@health.wa.gov.au) |
| **Incomplete applications may be delayed or returned to the applicant** | |

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| PART 1: APPLICATION for a Research/Education Permit |

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| Details of applicant (nominated Permit holder) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Refer to instruction number 2, for information on the requirements for being a Permit holder. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Legal Entity (may be different to business or trading name): | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  |
| Business or trading name: | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  |
| Type of Permit (tick which one applies): | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Individual person (on behalf of a business or organisation). Complete section 1.1 and 1.3 to 1.6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Body Corporate (corporation) or partnership. Complete Section 1.2 and 1.3 to 1.6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.1** | **Permit to be issued to an individual person** (on behalf of a business or organisation) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Can only be issued to - tick which one applies: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | A person in charge of a laboratory or department involved in research, teaching and demonstration, **or** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | the Chief Investigator named in the Ethics Approval | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Title: | | |  | | | Forename/s: | |  | | | | | | | | | | | Surname: | |  | | | | |  | |
|  | Postal address: | | | | | | |  | | | | | | | Suburb: | |  | | | | | | Postcode: | |  | |  | |
|  | Telephone: | | | | |  | | | | | Fax: | |  | | | | | | Email: | |  | | | | | |  | |
|  | Position in business or organisation: | | | | | | | | | | |  | | | | | | | | | | | | | | |  | |
|  | The applicant must **complete Part 2**: Personal Information: Identification, Fitness and Probity. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.2** | **Corporation or partnership.** Tick which one applies | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | **Corporation** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Each corporate officer: directors, company secretary, chief executive officer, general manager and chief financial officer **must complete Part 2:** Personal Information: Identification: Fitness and Probity; and | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | 1.2.1 **Attach** a copy of Current Company Extract from ASIC (with details of company directors and secretary) | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | **Partnership** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Each partner **must complete Part 2,** Personal Information: Identification: Fitness and Probity. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Section 2 must be completed if the Permit is to be issued to a corporation or partnership. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.3** | **Business/Trading name** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **If** the business or organisation has a Business/Trading Name, **attach** a copy of certificate of Record of Registration for Business Name or Current Business Name Extract (from Australian Securities and Investment Commission [ASIC]). | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.4** | **Australian Business Number**: | | | | | | | | |  | | | | | | | | | | | | | | | | |  | |
| **1.5** | **Australian Company Number** (ACN) or Australian **Registered Body Number** (ARBN), if applicable: | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **1.6** | **Registered business address of applicant:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Same as postal address shown above or: | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Address: | | | |  | | | | | | | | | Suburb: | |  | | | | | | | | Postcode: | |  |  | |
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**Part 1: Application for a Research/Education Permit**

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| Permits issued to a corporation or partnership | | | | | | | | | | | | | | |
| Is the applicant a corporation or partnership? | | | | | | | | | | | | | | |
| No, the applicant is an individual person | | | | | | | | | | | | | | |
| Yes: complete Section 2.1 and 2.2 | | | | | | | | | | | | | | |
|  | Check to confirm the corporation or partnership always employs a Research/Laboratory Director or equivalent, who also has authority within the organisation to determine policies and procedures in relation to managing the medicines or poisons listed on the Permit. | | | | | | | | | | | | | |
|  | **2.1** | Details of Research/Laboratory Director or equivalent employed by the corporation or partnership. | | | | | | | | | | | | |
|  |  | Title: |  | | Forename(s): | |  | Surname: | | |  | |  | |
|  |  | Qualification: | |  | | | | | | | | |  | |
|  | **2.2** | Is the Research or Education Director a health professional registered with the Australian Health Practitioner Regulation Agency (AHPRA) or a veterinary surgeon registered with the WA Veterinary Surgeons Board. | | | | | | | | | | | | |
|  |  | No | | | | | | | | | | | | |
|  |  | Yes, type of registration: (e.g. AHPRA: medical practitioner, VSB) | | | | | | |  | | | |  |
|  |  | Registration number: | | | |  | | | | Expiry date: | |  |  | |
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**Part 1: Application for a Research/Education Permit**

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| Purpose for which the medicines or poisons will be used | | | | | | | | | | | | | | | | | | | |
| 1. In vitro research | | | | | | | | | | | | | | | | | | | |
| 1. Teaching and demonstration | | | | | | | | | | | | | | | | | | | |
| 1. Human research including clinical trials | | | | | | | | | | | | | | | | | | | |
|  | Name of person authorising the administration of the medicine/s? | | | | | | | | | | | | | | | | | | |
|  | Title: | |  | | | Forename: | |  | | | Surname: | | |  | | |  | | |
|  | Qualification of the person authorising administration of the medicine/s? | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | |  | | |
|  | Please **attach** evidence that the research for which the medicine/s will be used has been approved by an appropriate ethics committee and complere the following table: | | | | | | | | | | | | | | | | | | |
|  | Approving ethics committee | | | | | | | | Approval number | Expiry date of approval | | | Chief Investigator | | | Approval attached | | |  |
|  |  | | | | | | | |  |  | | |  | | |  | | |  |
|  | Please describe the project/s for which the medicine/s will be used: | | | | | | | | | | | | | | | | | | |
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| 1. Animal research | | | | | | | | | | | | | | | | | | | |
|  | Name of person authorising the administration of the medicine/s? | | | | | | | | | | | | | | | | | | |
|  | Title: | |  | | Forename: | |  | | | | | Surname: | | |  | | |  | |
|  | Qualification of the person authorising administration of the medicine/s? | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | |  | |
|  | Please **attach** evidence that the research for which the medicine/s will be used has been approved by an appropriate ethics committee and complete the following table: | | | | | | | | | | | | | | | | | | |
|  | Approving ethics committee | | | | | | | | Approval number | Expiry date of approval | | | Chief Investigator | | | Approval attached | | |  |
|  |  | | | | | | | |  |  | | |  | | |  | | |  |
|  | Please describe the project/s for which the medicines/s will be used: | | | | | | | | | | | | | | | | | | |
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|  | Will animals be euthanased? | | | | | | | | | | | | | | | | | | |
|  | No | | | | | | | | | | | | | | | | | | |
|  | Yes | | | Please confirm the organisation has a Standard Operating Procedures for animal euthanasia | | | | | | | | | | | | | | | |
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**Part 1: Application for a Research/Education Permit**

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| Premises and building security details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Section 4 must be completed for every premises listed on the Permit. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is this premises being acquired from another research, education organisation? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes: | | | | | Name of previous organisation: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | |
|  | | | | | The Department requires the previous Permit holder at the relocated or newly added premises to remove the premises from their Permit. The application to remove the premises from the previous Permit holder’s Permit must be received by the Department prior to adding the relocated or newly added premises to your Permit.  See instruction number 4. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4.1 Premises details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Premises name (**if** applicable): | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | Premises address: | | | | | | | |  | | | | | | | | | | Suburb: |  | | | | | | Postcode: | | | |  | |  | | |
|  | | | Telephone: | | | | |  | | | | | | | | Fax: | | | |  | | | | | Email: | |  | | | | | | |  | | |
|  | | | Date of possession of the premises (settlement date/lease commencement/handover of building): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | |
|  | | | Note: Permit will be issued with “Valid from” date on or after this date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4.2 Person responsible for a premises** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Refer to instruction number 3, for information on the requirements for being responsible for a premises | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Details of nominated responsible person for the premises named in Section 4.1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Title: | | |  | | | Forename(s): | | | | | |  | | | | | | | | | Surname: | |  | | | | | | | |  | | |
|  | | | The nominated responsible person **must complete Part 3**: Personal Information: Identification, Fitness | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4.3 Location of premises** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | University | | | | | | | High school | | | | | | | | | Hospital | | | | Commercial | | | | | | | Industrial | | | | | | |
|  | | | Other-please specify: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | 4.3.1 Is local government approval required to operate the education/research facility from the premises? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | |  | | | Yes: **attach** evidence of local government approval to operate the facility from the premises | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | |  | | | No: Local government may be asked to comment on applications which may increase processing time. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4.4 Building security** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Please check all that apply: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Dedicated monitored alarm system | | | | | | | | | | | | | | | | Video surveillance system (CCTV) | | | | | | | | | | | | Motion detectors | | | | | | | |
|  | Perimeter fence with lockable gate | | | | | | | | | | | | | | | | Electrified perimeter fence with lockable gate/s | | | | | | | | | | | | | | Perimeter alarm | | | | | |
|  | Other – please describe: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  |
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**Part 1: Application for a Research/Education Permit**

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| Schedule 2,3,4,8 medicines or Schedule 7 poisons required | | | | | | | | | | | | | | | | | | | | | | | |
| Premises address: | | | | | | | | | |  | | | Suburb: | | |  | | | Postcode: |  | |  | |
| Section 5 must be completed for every premises listed on the Permit | | | | | | | | | | | | | | | | | | | | | | | |
| **5.1 Scheduled medicines or poisons required** | | | | | | | | | | | | | | | | | | | | | | | |
|  | Please check the schedule of medicines or poisons required by the research/education organisation: | | | | | | | | | | | | | | | | | | | | | | |
|  | **5.1.1 Schedule 2, 3 or 4 medicines, plus** complete Section 5.2,5.3 and 5.4 | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | 1. Please list the name and quantity of individual Schedule 2,3 or 4 medicines required: | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | **Name and strength of S2, S3 or S4 medicine** | | | | | | | | **Schedule of medicine**  **S2, S3 or S4** | | | **Approximate quantity**  **required** | | |  | | |
|  | | | | | | |  | | | | | | | |  | | |  | | |  | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | 1. Storage and temperature monitoring of Schedule 2, 3, and 4 medicines | | | | | | | | | | | | | | | | | | | |
|  | | | | | | Storage of non- refrigerated medicines in Schedule 2, 3, and 4 (Please check which one applies) | | | | | | | | | | | | | | | | | |
|  | | | | | | Locked room  Locked cupboard | | | | | | | | | | | | | | | | | |
|  | | | | | | Storage of refrigerated medicines in Schedule 2, 3, and 4 (Please check which one applies) | | | | | | | | | | | | | | | | | |
|  | | | | | | Locked room with refrigerator | | | | | | Locked refrigerator | | | | | | | | | | | |
|  | | | | | | Please indicate how the temperature of refrigerated medicines will be monitored | | | | | | | | | | | | | | | | | |
|  | | | | | | Vaccine refrigerator with an inbuilt thermometer and data logger from which data can be downloaded. | | | | | | | | | | | | | | | | | |
|  | | | | | | Normal refrigerator with temperature data logger from which data can be downloaded. | | | | | | | | | | | | | | | | | |
|  | | | | 1. Loss or theft, records keeping of Schedule 4 medicines only | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | Please check to confirm any loss or theft of Schedule 4 medicines will be reported to MPRB as soon as reasonably practicable using the form found at: [Reporting loss or theft of medicines and poisons](https://ww2.health.wa.gov.au/Articles/N_R/Reporting-loss-or-theft-of-medicines-and-poisons) | | | | | | | | | | | | | | |
|  | | | | | |  | | | Check to confirm records of administration or use of S4 medicines will be kept for a minimum of 2 years | | | | | | | | | | | | | | |
|  | | | | | |  | | | Check to confirm records of administration or use of S4 medicines will be maintained in patient notes (for in-vivo research) or other recording system. | | | | | | | | | | | | | | |
|  | | **5.1.2 Schedule 8 medicines** (Controlled Drug): **complete Section 6** | | | | | | | | | | | | | | | | | | | | | |
|  | | **5.1.3 Schedule 7 poisons** ((Dangerous Poison), **plus** complete Section 5.2,5.3 and 5.4 | | | | | | | | | | | | | | | | | | | | | |
|  | | | 1. Please list the name and quantity of Schedule 7 poisons | | | | | | | | | | | | | | | | | | | | |
|  | | | |  |  | | --- | --- | | **Name and strength of Schedule 7 poisons required** | **Approximate quantity required** | |  |  | |  |  | |  |  | |  |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | 1. Storage of Schedule 7 poisons | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Locked metal cabinet | | | | | | Locked cupboard | | | Locked shed | | | Locked and covered caged area | | | | | | |
|  | | | | | Other: please specify: | | | | | |  | | | | | | | | | | | |  |
|  | | | c) Loss or theft of Schedule 7 poisons | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | Please check to confirm any loss or theft of Schedule 7 poisons will be reported to MPRB as soon as reasonably practicable using the form found at: [Reporting loss or theft of medicines and poisons](https://ww2.health.wa.gov.au/Articles/N_R/Reporting-loss-or-theft-of-medicines-and-poisons) | | | | | | | | | | | | | | | |

**Part 1: Application for a Research/Education Permit**

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| **5.2 Storage area for Schedule 2,3 and 4 medicines or Schedule 7 poisons** | | | | | |
|  | | Please provide information of all areas storing Schedule 2,3 and 4 medicines or Schedule 7 poisons at the premises: | | | |
|  | | |  |  | | --- | --- | | Floor number, room number/room name | Floor number, room number/room name | |  |  | |  |  | |  |  | |  |  | | | | |
|  | |  | | | |
| **5.3 Access to Schedule 2,3 and 4 medicines or Schedule 7 poisons** | | | | | |
|  |  | | | Please check to confirm only the Permit holder, responsible person or other authorised employees will have unsupervised access to medicines/poisons and keys/entry codes to storage rooms, cupboards and refrigerators. | |
| **5.4 Preventing access to Schedule 2,3 and 4 medicines or Schedule 7 poisons** | | | | | |
|  | | Please describe how non-authorised staff such as reception staff, cleaners and members of the public (including family members and children) will be prevented from having access to the medicines or poisons. | | | |
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**Part 1: Application for a Research/Education Permit**

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| Schedule 8 medicines (Controlled Drugs) | | | | | | | | | | | | | | | | | | | | | |
| Section 6 must be completed for every premises listed on the Permit storing Schedule 8 medicines. | | | | | | | | | | | | | | | | | | | | | |
| Is this premises being transferred from another research/education organisation? Please see instruction number 4. | | | | | | | | | | | | | | | | | | | | | |
| No | | | | | | | | | | | | | | | | | | | | | |
| Yes: | | | | | | Name of other Research/Education organisation | | | |  | | | | | | | | | | |  |
|  | | | | | Are Schedule 8 medicines being transferred from the previous research/education organisation? | | | | | | | | | | | | | | | | |
|  | | | | | No | | | | | | | | | | | | | | | | |
|  | | | | | Yes:  please confirm an inventory of Schedule 8 medicines will be conducted at the time of handover. | | | | | | | | | | | | | | | | |
| Will Schedule 8 medicines be stored in multiple areas/rooms at the premises? | | | | | | | | | | | | | | | | | | | | | |
| No: complete all of Section 6. | | | | | | | | | | | | | | | | | | | | | |
| Yes: complete *all* of Section 6 for the first drug safe and Sections 6.1 and 6.3 for every other drug safe | | | | | | | | | | | | | | | | | | | | | |
| **6.1 Required Schedule 8 medicines – please list:** | | | | | | | | | | | | | | | | | | | | | |
|  | Confirm address of premises: | | | | | |  | | | | | | | | | | | | | |  |
|  | 6.1.1 Location of drug safe (floor number, room number/name): | | | | | | | | | | |  | | | | | | | |  | |
|  | 6.1.2 Please list all required S8 medicines stored in the drug safe at the location named in Section 6.1.1 | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | | | Name, strength and form of medicine | | | | | | | | Quantity required | | | | Number of *human doses* | | |  | | | |
|  | | |  | | | | | | | |  | | | |  | | |  | | | |
|  | | |  | | | | | | | |  | | | |  | | |  | | | |
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|  | | |  | | | | | | | |  | | | |  | | |  | | | |
|  | | | 6.1.3 Total number of *human doses* of Schedule 8 medicines stored in the safe: | | | | | | | | | | | |  | | |  | | | |
|  | | | **How to calculate the number of *human doses*** | | | | | | | | | | | | | | | | | | |
|  | | | 1. For divided doses such as tablets, capsules, ampoules, patches: 1 tablet, 1 ampoule, 1 patch =1 dose, regardless of strength. For example, 1 fentanyl patch = 1 human dose, 1 ampoule = 1 human dose. | | | | | | | | | | | | | | | | | | |
|  | | | 1. For mixtures, calculate the number of doses in the bottle using the information in the following table: | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | | **Preparation** | | | | | | | **Size of bottles** | | | | **Human dose** | | | **Total doses per bottle** | | |  | | |
|  | | Morphine mixture 2 mg per mL | | | | | | | 200 mL | | | | 5 mg | | | 80 | | |  | | |
|  | | Morphine mixture 5 mg per mL | | | | | | | 200 mL | | | | 5 mg | | | 200 | | |  | | |
|  | | Oxycodone mixture 1 mg per mL | | | | | | | 250mL | | | | 5mg | | | 50 | | |  | | |
|  | | Hydromorphone mixture 1 mg per mL | | | | | | | 473mL | | | | 2mg | | | 237 | | |  | | |
|  | | Codeine linctus 5 mg per mL | | | | | | | 100mL | | | | 5mL | | | 20 | | |  | | |
| **6.2 Number of human doses of Schedule 8 medicines and drug safe requirements** | | | | | | | | | | | | | | | | | | | | | |
|  | | The number of human doses of Schedule 8 medicines stored in the drug safe will determine the size of the safe. | | | | | | | | | | | | | | | | | | | |
|  | | | | **Number of human doses** | | | | **Compliant drug safe** | | | | | | **Motion detector** | | |  | | | | |
|  | | | | ≤ 250 | | | | Small | | | | | | Not required | | |  | | | | |
|  | | | | Between 251- 500 | | | | Small | | | | | | Required | | |  | | | | |
|  | | | | > 500 | | | | Large | | | | | | Required | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |

**Part 1: Application for a RESEARCH/EDUCATION PERMIT**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **6.3 Number of Schedule 8 human doses and required drug safe.** Complete Section 6.3 for each drug safe. | | | | | | | | | | | | | | | | | | | | |
|  | Check to confirm the number of doses calculated at 6.1.3 that will be stored in the drug safe identified in Section 6.1.1 | | | | | | | | | | | | | | | | | | | |
|  | ≤ 250: complete Section 6.3.1 | | | | | | | | | | | | | | | | | | | |
|  | 250-500: complete Section 6.3.2 | | | | | | | | | | | | | | | | | | | |
|  | > 500: complete Section 6.3.3 and 6.3.3. a | | | | | | | | | | | | | | | | | | | |
|  | | 6.3.1  **≤ 250** human doses will be stored in a small drug safe with no motion detector required. | | | | | | | | | | | | | | | | | | |
|  | |  | Schedule 8 small drug safe make and model number: | | | | | | | | | |  | | | | |  | | |
|  | |  | What is the safe bolted to? | | | | | | | | | | | | | | | | | |
|  | |  |  | | | Concrete floor | | | Brick wall | | Other, describe: | | | |  | | | |  | |
|  | |  |  | | | **If** the safe is not bolted to a concrete floor or brick wall, please check to confirm the safe is bolted to a structural element of the building such as a steel beam or floor joist. See Appendix A for information. | | | | | | | | | | | | | | |
|  | |  |  | | | Check to confirm the safe is compliant with requirements for a small drug safe as per Appendix A. | | | | | | | | | | | | | | |
|  | |  | Please **attach** photos showing:   * safe with the door closed * safe with the door open, with a ruler held against the door edge to show the thickness of the door plate * how the safe has been bolted into place with four bolts as per Appendix A: Requirements for a small safe | | | | | | | | | | | | | | | | | |
|  | | 6.3.2  **251- 500** human doses will be stored in small drug safe and monitored by a motion detector device1 | | | | | | | | | | | | | | | | | | |
|  | |  | Schedule 8 small drug safe make and model number: | | | | | | | | | |  | | |  | | | | |
|  | |  | What is the safe bolted to? | | | | | | | | | | | | | | | | | |
|  | |  | Concrete floor | | | | | Brick wall | | Other, describe: | | | |  | | |  | | | |
|  | |  |  | | **If** the safe is not bolted to a concrete floor or brick wall, please check to confirm the safe is bolted to a structural element of the building such as a steel beam or floor joist. See Appendix A for information. | | | | | | | | | | | | | | | |
|  | |  |  | | Check to confirm the safe is compliant with requirements for a small drug safe as per Appendix A. | | | | | | | | | | | | | | | |
|  | |  |  | | Check to confirm safe is covered by motion detector linked to continuously monitored alarm system. | | | | | | | | | | | | | | | |
|  | |  | Please **attach** photos showing:   * safe with the door closed. * safe with the door open, with a ruler held against the door edge to show the thickness of the door plate * how the safe has been bolted into place with four bolts as per Appendix A. * location of motion detector/s in relation to the drug safe. | | | | | | | | | | | | | | | | | |
|  | | 6.3.3  **>500** human doses will be stored in a large safe, continuously monitored by a motion detector device. | | | | | | | | | | | | | | | | | | |
|  | |  | Schedule 8 large drug safe make and model number: | | | | | | | | |  | | | | | | | |  |
|  | |  |  | | Check to confirm the safe is compliant with requirements for a large drug safe as per Appendix B. | | | | | | | | | | | | | | | |
|  | |  |  | | Check to confirm safe is covered by motion detector linked to continuously monitored alarm system1 | | | | | | | | | | | | | | | |
|  | |  | Does the large safe weigh more than one tonne? | | | | | | | | | | | | | | | | | |
|  | |  | Yes | | | | | | | | | | | | | | | | | |
|  | |  | No: check to confirm the safe is mounted on a concrete floor as per requirements listed in Appendix B. | | | | | | | | | | | | | | | | | |
|  | |  | Please **attach** photos showing:   * safe with the door closed * safe with the door open, with a ruler held against the door edge to show the thickness of the door plate * the locking mechanism as per Appendix B * the door is secured with at least 2 locking bolts of at least 32mm * how the safe has been bolted onto a concrete floor as per Appendix B if safe weights less than one tonne * location of motion detector/s in relation to the drug safe. | | | | | | | | | | | | | | | | | |
|  | | | | 6.3.3. a | | | Please **attach** evidence to show the safe was installed by a person licensed under the *Security and Related Activities* *(Control) Act 1996* to install safes. | | | | | | | | | | | | | |
| 1Motion Detectors: drug safe must be covered by movement detector attached to a continuously monitored alarm system  Guidance notes are also found at: [Storage of Schedule 8 medicines](https://ww2.health.wa.gov.au/Articles/S_T/Storage-of-Schedule-8-medicines)  \*Safes purchased from general hardware or office suppliers are usually not suitable for the storage of medicines. | | | | | | | | | | | | | | | | | | | | |

**Part 1: Application for a RESEARCH/EDUCATION PERMIT**

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| **6.4 Access to Schedule 8 medicines** | | | | | | | | | | | | | | | | |
|  |  | | Please check to confirm only the Permit holder, responsible person or other authorised employees will have access to the keys or entry codes to the drug safe and to safe keys or codes. | | | | | | | | | | | | | |
| **6.5 Record keeping for Schedule 8 medicines** | | | | | | | | | | | | | | | | |
|  | | 6.5.1 Check to confirm which type of recording system will be used to record administration or use of S8 medicines: | | | | | | | | | | | | | | |
|  | | | | | Patient notes (for in-vivo research only) **or** | | | | | | | | | | | |
|  | | | | | Other- please describe: | | | | |  | | | | | |  |
|  | | 6.5.2 Which type of drug register will be used to record the receival of and administration or use of S8 medicines? | | | | | | | | | | | | | | |
|  | | | | | Paper Schedule 8 register – HA14 OR | | | | | | | | | | | |
|  | | | | | Department of Health approved Electronic Schedule 8 register | | | | | | | | | | | |
|  | | | | | Name of approved electronic register: | | | | | | |  | | |  | |
|  | | Check to confirm records of administration or use will be kept for a minimum of 5 years1 | | | | | | | | | | | | | | |
| **6.6 Inventory, loss, theft and discrepancies of Schedule 8 medicines** | | | | | | | | | | | | | | | | |
|  | | Check to confirm an inventory (balance check) of S8 medicines will be conducted at least monthly2. | | | | | | | | | | | | | | |
|  | | Check to confirm any discrepancies that have not been accounted for are reported to MPRB ASAP2 | | | | | | | | | | | | | | |
|  | | Check to confirm loss / theft of S8 medicines will be reported to MPRB and police ASAP3 | | | | | | | | | | | | | | |
| **6.7 Disposal/destruction of Schedule 8 medicines** | | | | | | | | | | | | | | | | |
|  | 6.7.1  Check to confirm an inventory of S8 medicines will be conducted prior to being disposed of or destroyed. | | | | | | | | | | | | | | | |
|  | 6.7.2 Please indicate how expired or substandard Schedule 8 medicines will be disposed of: | | | | | | | | | | | | | | | |
|  | | | |  | | Taken to a pharmacy or hospital for disposal 4 | | | | | | | | | | |
|  | | | |  | | Name of pharmacy/hospital: | | | | |  | | |  | | |
|  | | | |  | | **or** | | | | | | | | | | |
|  | | | |  | | Returned to wholesaler for disposal | | | | | | | | | | |
|  | | | |  | | Name of wholesaler: | | |  | | | | |  | | |
|  | | | |  | | **or** | | | | | | | | | | |
|  | | | |  | | *Destroyed* at the premises, placed into a suitable clinical and related waste container, collected by a licensed clinical waste disposal serviceand incinerated5 | | | | | | | | | | |
|  | | | |  | | | Name of licensed clinical waste disposal service: | | | | | |  |  | | |
|  | | | |  | | | Please confirm the following: | | | | | | | | | |
|  | | | | | | |  | Schedule **8** medicines will be *destroyed* by making them unidentifiable and unusable5 | | | | | | | | |
|  | | | | | | |  | destruction will be **conducted** by persons authorised by Medicines and Poisons Regulations 20165,6 | | | | | | | | |
|  | | | | | | |  | destruction will be **witnessed** by persons authorised by Medicines and Poisons Regulations 20165,6 | | | | | | | | |
| 1 [Schedule 8 drug registers](https://ww2.health.wa.gov.au/Articles/S_T/Schedule-8-drug-registers)  2 [Recording of Schedule 8 transactions in an approved register](https://ww2.health.wa.gov.au/Articles/N_R/Recording-S8-and-S9-transactions)  3 [Reporting loss or theft of medicines and poisons](https://ww2.health.wa.gov.au/Articles/N_R/Reporting-loss-or-theft-of-medicines-and-poisons)  4 Pharmacies and hospitals are not obligated to accept medicines for disposal if they have not supplied the medicine  5 [Disposal of medicines](https://ww2.health.wa.gov.au/Articles/A_E/Disposal-of-medicines)  6 Persons authorised to destroy S8 medicines and witnesses include health professionals such as medical practitioners, registered nurses, dentists, pharmacists and must be two different people. | | | | | | | | | | | | | | | | |

**Part 1: Application for a Research/Education Permit**

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| Multiple premises | |
| Will Schedule 2,3,4 and 8 medicines or Schedule 7 poisons be stored at multiple premises under this Permit? | |
| No | |
| Yes: complete Sections 7.1 and 7.2 | |
| 7.1 Will the responsible person for the other premises be the same as the individual Permit holder or a person responsible for the premises named in Section 4.1? | |
|  | Yes |
|  | No: Complete and **attach** Part 3: Personal Information: Identification, Fitness for the nominated responsible person for the other premises. |
| 7.2 Will responses to Section 3 be the same for the other premises as for the premises named in Section 4.1 | |
|  | Yes: Complete and **attach** Sections 4,5 and Section 6 (if storing Schedule 8 medicines) for all other premises. |
|  | No: Complete and **attach** Sections 3,4,5 and Section 6 (if storing Schedule 8 medicines) for all other premises. |
|  | |

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| Declaration by applicant to obtain a Permit | | | | | | | | | | | | |
| This declaration relates to the application itself and must be signed by the individual applicant or if the Permit is being issued to a corporation or partnership, the declaration must be signed by one of the corporate officers or partners.  Please refer to Instruction 8 for information on acceptable signatures. | | | | | | | | | | | | |
| I (provide full name): | | | |  | | | | | | |  | |
| of (provide full address): | | | |  | | | | | | |  | |
| hereby declare: | | | | | | | | | | | | |
|  | | The information contained in this application form is true and correct. | | | | | | | | | | |
|  | | I am aware that penalties apply under the *Medicines and Poisons Act 2014* for providing false or misleading information in this application. | | | | | | | | | | |
| Signature of applicant: | | |  | | | | | Date: |  | | |  |
| **Witnessed by:** | | | | | | | | | | | | |
|  |  | | | |  |  | | | |  | | |
| (Signature of Witness) | | | | | | | (Name of Witness) | | | | | |

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| --- |
| PART 2: PERSONAL INFORMATION: APPLICANT |

**Part 2** assesses identification, fitness and probity of the Permit holder.

If the Permit holder is an individual health practitioner,all sections of Part 2 must be completed. If the Permit holder is a corporation or partnership all sections of Part 2 except Section 10 must be completed by each corporate officer or each partner.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Identification of applicant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Refer to instruction number 2, for information on the requirements for being a Permit holder. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **9.1 Personal Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title: | |  | | | | Forename/s: | | | | |  | | | Surname: | | | | |  | | | | Date of birth: | | | |  | | |  | |
| Address: | | | | |  | | | | | | | | Suburb: | | | |  | | | | | | | Postcode: | | | |  | |  | |
| Postal address: | | | | | | |  | | | | | | | | Suburb: | | |  | | | | | | | Postcode: | | | |  |  | |
| Mobile number: | | | | | | | |  | | | | | | | | Email: | | | |  | | | | | | | | | |  | |
| Position in organisation: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | |
| **9.2 Certified true copy of a photographic identification document** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ATTACH** a certified1 copy of a WA State Government or Australian Government issued photographic identification document such as drivers’ licence or passport. Non-government issued identification documents will not be accepted | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1Copy of photographic identification document must be certified as a true copy by a person authorised to witness statutory declarations (see Appendix C for a list of persons authorised to certify a true copy). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **9.3 Role in relation to Permit** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | The individual who will hold the Permit on behalf of the business. Complete remainder of Part 2. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | A corporate officer: only applicable if the Permit will be issued to a body corporate. Type of corporate officer: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | Director | | | | | General Manager | | | Company secretary | | | | | | | | | CEO | CFO | | | | COO | | | | | |
|  |  | | | Complete Sections 11,12,13 and 14 in Part 2 and **attach** a CV1 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | A partner: only applicable if the Permit will be issued to a partnership | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | Complete Sections 11,12, 13 and 14 in Part 2 and **attach** a CV1 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 1The CV will be used to assess whether each corporate officer or partner meets the requirements of the *Medicines and Poisons ACT 2014* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Qualifications of applicant applying as an individual person | | | | | | | | | | | | | |
| Complete this section if you are an individual person applying for a Permit.  Do not complete this section, if the Permit is being issued to a corporation or partnership. | | | | | | | | | | | | | |
| Refer to instruction number 2, for information on the requirements for being an individual Permit holder. | | | | | | | | | | | | | |
| **10.1** | | Qualification/s: | | |  | | | | | | |  | |
|  | | **Attach** a copy of your qualification/s and CV. | | | | | | | | | | | |
| **10.2** | | Are you a health professional registered with the Australian Health Practitioner Regulation Agency (AHPRA) or a veterinary surgeon registered with the WA Veterinary Surgeons Board (VSB)? | | | | | | | | | | | |
|  | | No | | | | | | | | | | | |
|  | | Yes, type of registration (e.g. AHPRA: medical practitioner, VSB) | | | | |  | | |  | | |
|  | |  | | Registration number: | |  | | Expiry date: |  | |  | | |
|  | | **Attach** a copy of your currentannual registration certificate or wallet card provided to you by AHPRA. (**do not** provide an extract of the information available on AHPRA’s public website) **or attach** the certificate of registration from the WA Veterinary Surgeons Board (VSB). | | | | | | | | | | | |
| **10.3 Access to medicines and authority within the organisation** | | | | | | | | | | | | | |
|  |  | | Please check to confirm you will always have access to the medicines or poisons at the premises. | | | | | | | | | | |
|  |  | | Please check to confirm you will have authority within the organisation to determine policies and procedures in relation to managing the medicines or poisons listed on the Permit. | | | | | | | | | | |

**Part 2: Personal Information: Applicant**

|  |  |  |
| --- | --- | --- |
| Prior licences/permits for medicines/poisons held by applicant | | |
| To be completed by the nominated individual Permit holder, each corporate officer or each partner. | | |
| **11.1** | Have you (or a company of which you were a corporate officer or a partner) previously held a Licence or Permit, under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory, that was suspended or cancelled? | |
|  | No | |
|  | Yes: please provide details of the Licence or Permit number, the name of the business, when the cancellation or suspension occurred, the reason for the cancellation or suspension and which state or territory the cancellation or suspension occurred in: | |
|  |  |  |
|  |  |  |
|  |  |  |
|  | | |
| **11.2** | Have you (or a company of which you were a corporate officer) ever been refused a Permit or Licence under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory? | |
|  | No | |
|  | Yes: please provide details of the name of the business, what type of Licence or Permit you applied for, why your application was refused and which state or territory the refusal occurred in: | |
|  |  |  |
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|  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Criminal **check** for applicant | | | |
| **12.1** | **Offences under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory.** | | |
|  | Have you ever been convicted of or are there charges pending for an offence under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory? | | |
|  | No | | |
|  | Yes: you must **attach** full details in the form of a Statutory Declaration. Your declaration must include the:   * Name of the court including state/territory or country, all relevant dates and any sentences received * The nature of the alleged offence and circumstances surrounding the offences | | |
| **12.2** | **NPC and Indictable offences1** | | |
|  | | 1. Please **attach** a copy of your **National Police Clearance certificate** (NPC), which is less than 12 months old. | |
|  | | 1. Have you been convicted of, or have pending charges for indictable1 offences since the date on your NPC? | |
|  | | | No |
|  | | | Yes: you must **attach** full details in the form of a Statutory Declaration. Your declaration must include the:   * Name of the court including state/territory or country, all relevant dates and any sentences received * The nature of the alleged offence and circumstances surrounding the offences |
|  | | | 1Minor traffic offences are not classified as indictable offences |

**Part 2: Personal Information: Applicant**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Financial resources of applicant | | | | | |
| To be completed by the nominated individual Permit holder, each corporate officer or each partner. | | | | | |
| **13.1** | Have you been declared bankrupt or a debtor under any bankruptcy law? | | | | |
|  | No | | | | |
|  | Yes: What date was/will your bankruptcy be discharged? |  | |  | |
| **13.2** | Have you ever been a corporate officer of a company that was wound up or subject to an application for, or placed in, receivership or liquidation? | | Yes | | No |
|  | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Declaration by applicant | | | | | | | |
| This declaration must be signed by the individual applicant, each corporate officer or each partner and includes probity check consent.  Please refer to instruction 8 for information on acceptable signatures. | | | | | | | |
|  | In accordance with Section 39 of the *Medicines and Poisons Act 2014*, I give consent to the Western Australian Department of Health to carry out all relevant searches to determine my fitness and probity in relation to holding a Research/Education Permit. These searches may include (without limitation) corporate searches, checks with health professional registration boards (including registration status and release of information on any current or ongoing investigations) and criminal record checks. I also understand I may be requested to provide further information relevant to determining fitness and probity. | | | | | | |
|  | I am at least 21 years of age. | | | | | | |
|  | The information contained in this application form is true and correct. | | | | | | |
|  | I am aware there are penalties under the *Medicines and Poisons Act 2014* for providing false or misleading information. | | | | | | |
|  | I am aware of my responsibility for the safe storage and use of the medicines or poisons and will ensure compliance with the *Medicines and Poisons Act 2014* and Medicines and Poisons Regulations 2016, and compliance with conditions placed on the Permit. | | | | | | |
|  | I will notify the Department of Health if I am no longer employed by organisation, a corporate officer (if the applicant is a corporation) or a partner (if the applicant is a partnership). | | | | | | |
| Signature: | |  | Name: |  | Date: |  |  |
|  | | | | | | | |

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| PART 3: PERSONAL INFORMATION: RESPONSIBLE PERSON |

**Part 3** must be completed by the responsible person and assesses identification, fitness and probity.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Identification of responsible person | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The role of the responsible person is to manage the medicines or poisons on a day to day basis and be the contact person, if the Permit holder is not available. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Refer to instruction number 3, for information on the requirements for being responsible for a premises. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **15.1** Will the individual applying to be Permit holder, also be responsible for the premises named in Section 4.1? | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Yes: Confirm name: | | | | | | | Forename/s: | |  | | | | | | | Surname: |  | | | | | | |  |
|  | | | | There is no requirement to complete Part 3 | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | No: complete remainder of Part 3. | | | | | | | | | | | | | | | | | | | | | | | | |
| **15.2 Personal Details of responsible person** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Title: | | | |  | Forename/s: | | | | |  | | | Surname: | | | |  | | | Date of birth: | | |  | |  | |
|  | Postal Address: | | | | | |  | | | | | | Suburb: | | |  | | | | | | Postcode: |  | | |  | |
|  | Mobile number: | | | | | | |  | | | | | | | Email: | |  | | | | | | | |  | | |
|  | Position in organisation: | | | | | | | |  | | | | | | | | | | | | | | | | |  | | |
| **15.3 Certifiedtrue copy of a photographic identification document** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **ATTACH** a certified 1 copy of a WA State Government or Australian Government issued photographic identification document such as drivers’ licence or passport. Non-government issued identification documents will not be accepted. | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 1 Copy of photographic identification document must be certified as a true copy by a person authorised to witness statutory declarations (see Appendix C for a list of persons authorised to certify a true copy). | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Qualifications of person** responsible for a premises | | | | | | | | | |
| **16.1** | Qualification/s | |  | | | | |  |
|  | **Attach** a copy of your qualification/s and your CV. | | | | | | | |
| **16.2** | Are you a health professional registered with the Australian Health Practitioner Regulation Agency (AHPRA) or a veterinary surgeon registered with the WA Veterinary Surgeons Board (VSB)? | | | | | | | | |
|  | No | | | | | | | | |
|  | Yes, type of registration: (e.g. AHPRA: medical practitioner, VSB) | | | |  | | |  |
|  |  | Registration number: | |  | | Expiry date: |  |  |
|  | **Attach** a copy of your annual registration certificate or wallet card provided to you by AHPRA. (**do not** provide an extract of the information available on AHPRA’s public website) **or attach** the certificate of registration from the VSB. | | | | | | | |

**Part 3: Personal Information: Responsible Person**

|  |  |  |
| --- | --- | --- |
| Prior licences/permits for medicines/poisons held by responsible person | | |
| **17.1** | Have you (or a company of which you were a corporate officer or a partner) previously held a Permit or Licence under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory, that was suspended or cancelled? | |
|  | No | |
|  | Yes: please provide details of the Licence or Permit number, the name of the business, when the cancellation or suspension occurred, the reason for the cancellation or suspension and which state or territory the cancellation or suspension occurred in: | |
|  |  |  |
|  |  |  |
|  |  |  |
|  | | |
| **17.2** | Have you (or a company of which you were a corporate officer) ever been refused a Permit or Licence under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory? | |
|  | No | |
|  | Yes: please provide details of the name of the business, what type of Permit or Licence you applied for, why your application was refused and which state or territory the refusal occurred in: | |
|  |  |  |
|  |  |  |
|  |  |  |
|  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Criminal **check** for responsible person | | | |
| **18.1** | **Offences under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory.** | | |
|  | Have you ever been convicted of or are there charges pending for an offence under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory? | | |
|  | No | | |
|  | Yes: you must **attach** full details in the form of a Statutory Declaration. Your declaration must include the:   * Name of the court including state/territory or country, all relevant dates and any sentences received * The nature of the alleged offence and circumstances surrounding the offences | | |
| **18.2** | **NPC and Indictable offences1** | | |
|  | | 1. Please **attach** a copy of your **National Police Clearance certificate** (NPC), which is less than 12 months old. | |
|  | | 1. Have you been convicted of, or have pending charges for indictable1 offences since the date on your NPC? | |
|  | | | No |
|  | | | Yes: you must **attach** full details in the form of a Statutory Declaration. Your declaration must include the:   * Name of the court including state/territory or country, all relevant dates and any sentences received * The nature of the alleged offence and circumstances surrounding the offences |
|  | | | 1Minor traffic offences are not classified as indictable offences |

**Part 3: Personal Information: Responsible Person**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Declaration by nominated responsible person | | | | | | |
| This declaration must be signed by the nominated responsible person and includes probity check consent.  Please refer to instruction 8 for information on acceptable signatures. | | | | | | |
| 1. I acknowledge my role is to manage the medicines or poisons on a day to day basis and be the contact person, if the Permit holder is not available. | | | | | | |
| 1. I give consent to the Western Australian Department of Health to carry out all relevant searches to determine my fitness and probity to be named as the responsible person on a Research/Education Permit. These searches may include (without limitation) corporate searches, and criminal record checks. I also understand I may be requested to provide further information relevant to determining fitness and probity. | | | | | | |
| 1. I am at least 21 years of age. | | | | | | |
| 1. The information contained in this application form is true and correct. | | | | | | |
| Signature: |  | Name: |  | Date: |  |  |
|  | | | | | | |

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# PART 4: PAYMENT and CHECKLIST

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Payment | | | | | | | | | | | | | | | | | | |
| **Fee: $271** | | | | | | | | | | | | | | | | | | |
| Comprising a non-refundable application fee of $162 and 1 year Permit fee of $109.  Permit fee only will be refunded if the Permit is not issued. | | | | | | | | | | | | | | | | | | |
| * + 1. Credit Card – American Express and Diners not accepted | | | | | | | | | | | | | | | | | | |
|  | Card type: | | MasterCard | | | | | Visa | | | | | | | | | | |
|  | Name on card: |  | | | | | | | | Card number: |  | | | | | | |  |
|  | Expiry date: |  | | | | | Amount:  **$271** | | | | | | | | | | | |
|  | Signature of cardholder: | | | |  | | | | | | | | | Date: | |  |  | |
|  | | | | | | | | | | | | | | | | | | |
| * + 1. Direct debit to bank | | | | | | | | | | | | | | | | | | |
|  | **Please quote applicant’s name or business/organisation name in the reference** | | | | | | | | | | | | | | | | | |
|  | Bank: Commonwealth Bank: | | | | | **BSB**: 066 040 | | | **Account number:** 13300018 | | | | Amount: **$271** | | | | | |
|  | Receipt Number: | | |  | | | | | | | | Payment date: | | |  | |  | |
|  | | | | | | | | | | | | | | | | | | |
| * + 1. Cheque or money order – made payable to DEPARTMENT OF HEALTH | | | | | | | | | | | | | | | | | | |

**Please keep a copy of the completed application form for reference**

Please email completed form and other requested documentation to [mprb@health.wa.gov.au](mailto:mprb@health.wa.gov.au)

Please email completed form and other requested documentation to: [mprb@health.wa.gov.au](mailto:mprb@health.wa.gov.au)

**PART 5: PAYMENT and CHECKLIST**

|  |  |
| --- | --- |
| Checklist | |
| Please ensure all the appropriate requested documentation is attached for: | |
| **Part 1 Application for a Research/Education Permit** | |
|  | If Permit is issued to a corporation, attach a copy of the Current Company Extract from ASIC (Section 1.2.1) |
|  | If the business or organisation has a Business or Trading Name, attach a copy of certificate of Record of Registration for Business Name or Current Business Name Extract (Section 1.3) |
|  | Completed Part 3 Personal Information: Identification, Fitness and Probity for responsible person **if** different from the Permit holder (Section 4.2) |
|  | If applicable, evidence of local government approval to operate the facility from the premises (Section 4.3.1) |
|  | If storing Schedule 8 medicines, photos of safe etc as required in Section 6.3 |
|  | If storing S8 medicines in a large safe, evidence to show the safe was installed by a person licensed under the *Security and Related Activities* *(Control) Act 1996* to install safes. (Section 6.3.3.a) |
|  | Copy of relevant sections if there are multiple premises (Section 7) |
|  | Declaration signed and dated by **applicant (**nominated Permit holder)(Section 8) |
| **Part 2: Personal information, fitness and probity for applicant (nominated Permit holder)** | |
|  | Copy of photographic identification which must be certified as a true copy (Section 9.2) |
|  | If applicant is a corporation or partnership: CV and qualifications for each corporate officer or partner (Section 9.3) |
|  | If the applicant is an individual person, attach a CV and qualifications (Section 10.1) |
|  | If applicable, AHPRA or VSB registration certificate. **Do not** provide an extract of the information available on AHPRA’s public website (Section 10.2) |
|  | If applicable, a Statutory Declaration relating to an offence under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory (Section 12.1) |
|  | A copy of the NPC Certificate which is less than 12 months old (Section 12.2.a) |
|  | If applicable, a Statutory Declaration relating to an indictable offence since the date on the NPC. (Section12.2. b) |
|  | Declaration about personal information of applicant signed by applicant (Section 14) |
| **Part 3: Personal information, fitness and probity for responsible person** | |
|  | Copy of photographic identification which must be certified as a true copy. (Section 15.3) |
|  | CV and copies of qualifications (Section 16.1) |
|  | If applicable AHPRA or VSB registration certificate. **Do not** provide an extract of the information available on AHPRA’s public website (Section 16.2) |
|  | If applicable, a Statutory Declaration relating to an offence under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory (Section 18.1) |
|  | A copy of the NPC Certificate which is less than 12 months old (Section 18.2.a) |
|  | If applicable, a Statutory Declaration relating to an indictable offence since the date on the NPC. (Section 18.2.b) |
|  | Declaration about personal information of responsible person signed and dated (Section 19) |
| **Part 4: Declaration and Payment** | |
|  | Payment details completed with correct signature **if** paying by credit card (Section 20) |

# PART 5: APPENDICES

### Appendix A: Requirements for a small safe

The requirements for a small drug safe are set out in the Table.

**Table**

|  | Requirements |
| --- | --- |
| **Cabinet/body** | Must be made from solid steel plate at least 10 mm thick or a steel skin with concrete fill at least 50 mm thick  All joints must be continuously welded |
| **Door** | Must be made from solid steel plate at least 10 mm thick or a steel skin with concrete fill at least 50 mm thick  Must be fitted flush to the cabinet/body with a maximum clearance of 1.5 mm when closed  Hinge system must be a system that does not allow the door to be opened if the hinge is removed |
| **Lock** | Must be a 6 lever key lock or a 4 wheel combination lock or a digital lock that provides security that is equivalent to a 6 lever key lock or 4 wheel combination lock |
| **Mounting** | Must be mounted on a concrete floor or a brick or concrete wall with at least 4 expanding bolts of at least 12 mm in diameter  If mounting on a concrete floor or a brick or concrete wall is not possible must be securely mounted on structural elements of the building such as studs or floor joists |

**PART 5: APPENDICES**

## Appendix B: Requirements for a large safe

The requirements for a large safe are set out in the Table.

**Table**

|  | **Requirements** |
| --- | --- |
| **Cabinet/body** | Must be made from solid steel plate at least 10 mm thick or a steel skin with concrete fill at least 50 mm thick  All joints must be continuously welded |
| **Door** | Must be made from solid steel plate at least 10 mm thick or a steel skin with concrete fill at least 50 mm thick  Must be fitted flush to the cabinet/body with a maximum clearance of 1.5 mm when closed  Hinge system must be a system that does not allow the door to be opened if the hinge is removed  Must be secured with at least 2 locking bolts of at least 32 mm diameter |
| **Lock** | Must be a 6 lever key lock or a 4 wheel combination lock or a digital lock that provides security that is equivalent to a 6 lever key lock or 4 wheel combination lock |
| **Mounting** | Must be mounted on a concrete floor with an expanding bolt with a diameter of at least 16 mm unless the safe weighs more than 1 tonne |
| **Installation** | Must be installed by a person licensed under the *Security and Related Activities (Control) Act 1996* to install safes |
| **Weight** | Must have a minimum weight of 250 kg |

**PART 5: APPENDICES**

## Appendix C: Certifying true copies of photographic identification

Suggested wording for certification is as follows:

I certify that this appears to be a true copy of the document produced to me on <date>

Signature

Name

Profession or occupation group

| **Persons who can certify documents** | |
| --- | --- |
| Academic (tertiary institution) | Medical practitioner |
| Accountant | Member of Parliament |
| Architect | Minister of religion |
| Australian Consular Officer | Nurse |
| Australian Diplomatic Officer | Optometrist |
| Bailiff | Patent attorney |
| Bank manager | Pharmacist |
| Chartered secretary | Physiotherapist |
| Chiropractor | Podiatrist |
| Company auditor or liquidator | Police officer |
| Court officer (judge, master, magistrate, registrar or clerk) | Post Office manager |
| Defence Force officer | Psychologist |
| Dentist | Public servant |
| Engineer | Public notary |
| Industrial organisation secretary | Real Estate agent |
| Insurance broker | Settlement agent |
| Justice of the Peace | Sheriff or deputy Sheriff |
| Lawyer | Surveyor |
| Local government CEO or deputy CEO | Teacher |
| Local government councillor | Tribunal officer |
| Loss adjuster | Veterinary surgeon |
| Marriage celebrant |  |