

Application Guide for a Licence as a Wholesale Representative

General information for employees and employers

1. This information has been prepared to assist you in applying for a *Licence as a Wholesale Representative*. Following this advice will enable timely consideration of your application.
2. When you complete the form, please print clearly and answer all sections in full.
3. Applications are processed only when **all the information requested** is provided. You will be notified by mail if the licence is granted.
4. All forms requiring a signature must bear the original signature in ink. Queensland Health is **not able to accept** a photocopy, facsimile (fax) or emailed copy of the completed form. Applications must be forwarded by POST to the address provided below.
5. Each page of any photocopied official documents that are submitted in support of this application must bear the certification and original signature of an authorised Identifier ie. Justice of the Peace, Commissioner for Declarations, doctor, police officer, solicitor or an officer from one of Queensland Health's Public Health Units (PHU). PHU contact details are located at www.health.qld.gov.au/cho.
6. A representative must possess the original copy of his/her licence. For this reason, Queensland Health is not able to provide a copy of the licence to an employer for their records.
7. Refunds - Queensland Health can only provide a refund if:
 - (a) the application is refused by the Chief Executive; or
 - (b) the application is withdrawn prior to a decision being made by the Chief Executive.
8. Further information, as it applies to medicines and poisons, may be available from Queensland Health's Drugs & Poisons Policy & Regulation website at www.health.qld.gov.au/ph/ehu/drugs_poisons.asp.

The completed application must be returned to –

Senior Licensing Officer
Drugs & Poisons Policy & Regulation Unit
Environmental Health Branch
PO Box 2368
FORTITUDE VALLEY Q 4006
(07) 3328 9310

Employee information

1. An applicant must be employed as a wholesale representative by a licensed manufacturer or wholesaler of Schedule 4 restricted drugs for the purpose of displaying and/or supplying samples of those substances to doctors, dentists, veterinary surgeons and pharmacists only.
2. A representative must not store, display or supply samples of Schedule 4 restricted drugs to doctors, dentists, veterinary surgeons or pharmacists unless he/she is in possession of a current *Licence as a Wholesale Representative* issued by Queensland Health.
3. A licence will contain conditions that refer to the quantities of drugs and poisons that the holder may possess.
4. A *Licence as a Wholesale Representative* is valid only while the representative continues to be employed by the employer nominated on this application. The licence is **not transferable** between employers. When a licence holder changes his/her employment, the licence becomes invalid and an application must be made for a new licence by the employee.

Do not return this fact sheet with the application

How to complete Employee sections of the application

Please each checkbox below as you complete the application form to ensure that you have provided the necessary particulars.

Section 1 Applicant details

- Provide name as it appears on your *birth certificate*. If you have ever been known by any other name, attach any certified copies of documentation that provides for formal changes of name ie. *deed poll, marriage certificate* etc.

Section 2 Storage premises for samples

- Provide the name of the business (including name of building, if applicable) and full street address of the physical premises where samples are to be stored. Do not provide a post box address or a mobile telephone number.

Section 3 Payment of fees

- Payment of the prescribed fee is to be attached with the application.

Section 4 Disclosure

If you have answered *yes* at any checkbox, attach copies of the following documents –

- Certificate of conviction / court or tribunal order / police records search.
 Australian Securities & Investment Commission Order (ASIC) preventing an individual from managing a corporation.

Section 5 Declaration

- The form is signed and dated by applicant named at Section 1.
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Employer information

(The Employer or person who has authority from the Employer (other than the applicant) should retain this page for their information)

1. As a prerequisite to holding a wholesale representative's licence, the employer **must hold a current** restricted drug manufacturer or restricted drug wholesaler licence in Queensland or an equivalent interstate licence.
2. Licences for wholesale representatives are forwarded to the applicant. Employers will need to obtain a copy of the licence from the wholesale representative (applicant), as copies are not provided by Queensland Health.
3. A *Licence as a Wholesale Representative* is valid for 12 months, from the date of issue unless otherwise suspended, cancelled or surrendered.
4. An authorised employer must sign Section 9 of this form *Employer Information* section. Queensland Health is not able to accept a photocopy or fax of that page unless it bears the original signature of the authorised signatory.

How to complete Employer sections of the application

Please each checkbox below as you complete the application form to ensure that you have provided the necessary particulars.

Section 6 Employer details

- Incorporated companies: Advise the name that appears on the *Certificate of Incorporation* issued by ASIC. Attach a copy of the document to the application only if it has not previously been provided.
 Provide the Australian Company Number (ACN) as it appears on the *Certificate of Incorporation*.

Section 7 Business address

- Attach a copy of the *Business Names Extract* issued under the *Business Names Act 1962*.
 Provide address details, telephone number and contact details of the business and person responsible for licence.

Section 8 Poisons licence

- Advise the drugs/poisons licence issued by Queensland Health or Interstate equivalent licences, check the appropriate box.

Section 9 Declaration

- The form is signed and dated by a person who has authority from the Employer (other than the applicant).

Credit Card Payments

Use this sheet only if payment is being made by this method. **Do not return this page** if payment is made by cheque or money order.

- The card number is accurate and legible¹. Do not overwrite any digits.
 The expiry date is completed and the card has not lapsed¹. Do not overwrite any digits.
 The cardholder has signed and dated the form.

¹ If an error is made, cross through the digit using a single line, write the correct digit above and initial the change.