

Application for a Licence to Manufacture Controlled Drugs

(please refer to the **Fact Sheet** at the back of this form when completing this application)

Are you:

- a sole trader or in business partnership? Complete section 1 then go to section 3
 an incorporated company? Go to section 2

Licence no: **POI-T**

Receipt no:

Client no:

1. Applicant details

Individual / Partner 1

Given names
(do not abbreviate)

Surname
(include maiden name if married)

The licence will be issued in the name(s) recorded above

Date of birth

Birthplace

Town

Country

Residential address

Telephone

Mobile

Private postal address
(for all correspondence)

Partner 2

Given names
(Do not abbreviate)

Surname
(include maiden name if married)

If more than two partners, please attach required details for each partner. The licence will be issued in the name(s) of all partners.

Date of birth

Birthplace

Town

Country

Residential address

Telephone

Mobile

Private postal address
(for all correspondence)

2. Corporate applicant

Company name

Australian company number

Website address

The licence will be issued in the name recorded above

Director 1

Given names
(do not abbreviate)

Surname
(include maiden name if married)

Date of birth

Birthplace

Town

Country

Residential address

Telephone

Mobile

Director 2			
Given names <i>(do not abbreviate)</i>		Surname <i>(include maiden name if married_)</i>	
Date of birth		Birthplace	Town Country
Residential address			
Telephone		Mobile	
3. Business address			
Business name			
Street address			
Postal address			
Contact person			
Telephone <i>(not mobile)</i>		Fax	
E-mail address			
4. Storage premises of drugs / poisons			
Business name			
Street address <i>(include shed/unit no)</i>			
Telephone <i>(not mobile)</i>			
5. Disclosure			
Has the applicant(s):			
• been convicted of an indictable offence? <i>(Drink driving and minor traffic offences are not indictable offences)</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
• been convicted of an offence against the <i>Health Act 1937</i> or the <i>Health (Drugs and Poisons) Regulation 1996</i> or a repealed provision or a corresponding law?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
• held an licence granted under the <i>Health (Drugs and Poisons) Regulation 1996</i> or a repealed provision or a corresponding law that was suspended or cancelled?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
• ever been refused a licence under the <i>Health (Drugs and Poisons) Regulation 1996</i> or a repealed provision or a corresponding law?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If 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, Queensland Health may in certain circumstances, provide the information contained in this application to relevant external agencies.</i>			
6. Payment of fees			
Prescribed fee	\$562.50	▶ Refunds: See <i>Fact Sheet</i>	<input type="checkbox"/> Tick if receipt required
<input checked="" type="checkbox"/> 1 box only	<input type="checkbox"/> Cheque or Money Order enclosed <i>(payable to Queensland Health)</i>		
	<input type="checkbox"/> Payment by Credit Card <i>(see last page)</i>		
Note: This is a GST free item. Queensland Health ABN 66 329 169 412			

7. Declaration

- I/We declare that the information stated by me on this application form is true, correct and complete Yes No
- 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. Yes No
- I / We have read, understand and agree to comply with the provisions of Chapter 2 Parts, 1, 2, 3, 5, 7, 8 and 10 as required under the relevant provisions of the *Health (Drugs and Poisons) Regulation 1996*. (legislation available online at www.legislation.qld.gov.au) Yes No
- I / We declare that actual manufacture of Schedule 8 drugs will at all times be under the personal supervision of a competent and responsible adult Yes No
- I / We apply for a *Licence to Manufacture Controlled Drugs in respect of Schedule 8 drugs* and enclose the prescribed fee identified at section 6. Yes No

Signature 1		Date	
		Position	
Print full name here			
Signature 2		Date	
		Position	
Print full name here			

8. Supervisor Details

This section should be completed by an authorised person only

- Applicants for licences to manufacture Schedule 8 drugs must provide particulars concerning the identity and qualifications/experience of all persons who will personally supervise the manufacture of the substances. If more than three supervisors, please attach required details for each supervisor.
- This application must be supported by evidence documenting the experience and/or qualifications of each nominated supervisor (eg. degree parchment, training certificate, resume, referral letter).
- 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. Queensland Health cannot accept documents that bear a photocopied or facsimile (fax) copy of the certification or signature.
- Information regarding minimum qualifications and/or experience necessary to supervise the manufacture of controlled drugs is provided at the end of this application package.

Supervisor 1		Supervisor 2		Supervisor 3	
Given names		Given names		Given names	
Surname		Surname		Surname	
Date of birth		Date of birth		Date of birth	
Birthplace		Birthplace		Birthplace	
Residential address		Residential address		Residential address	
Telephone		Telephone		Telephone	

Mobile		Mobile		Mobile	
Private postal address		Private postal address		Private postal address	
Qualifications		Qualifications		Qualifications	
Description		Description		Description	
Institution		Institution		Institution	
Year completed		Year completed		Year completed	
Experience		Experience		Experience	
Description		Description		Description	

9. Drug Information

List the Controlled Drug(s) that will be manufactured

Credit card payments

- This page should only be completed if payment is being made by Mastercard, Bankcard or Visa card
- *American Express* is NOT available
- Please ensure that this page is returned with the application only if paying by this method. Do not return this page if payment is being made by cheque or money order.

Name of applicant

Prescribed fee

Amount at section 6

\$

1 box only

Mastercard

Bankcard

Visa Card

Card no

Expiry date

Name on card

(please print)

Signature

of cardholder

Date