



**Queensland
Government**
Queensland Health

**Queensland Health
Environmental Health
Application for Approval
Drugs and Poisons at an Island Resort in Queensland**
Health (Drugs and Poisons) Regulation 1996

1. Previous or current approvals

Have you previously held an approval for drugs and poisons at the island resort to which this application relates?

Yes No

| | | |
|-----------------------|-----------------|--|
| If yes, what was the: | Approval number | |
| | Expiry date | |

Do you currently hold an approval for drugs and poisons at the island resort to which this application relates? (ie. Is this application for an approval to be renewed?)

Yes No

| | | |
|----------------------|-----------------|--|
| If yes, what is the: | Approval number | |
| | Expiry date | |

2. Corporate applicant details

| | |
|--------------|--|
| Company name | |
|--------------|--|

| | |
|---------------------------|--|
| Australian Company Number | |
|---------------------------|--|

The approval will be issued in the name recorded above.

Director 1

| | | | |
|------------------------------------|--|---|--|
| Given names (do not abbreviate) | | Surname (include maiden name if married) | |
|------------------------------------|--|---|--|

| | | | | |
|---------------|--|-------------|---------|--|
| Date of birth | | Birth place | Town | |
| | | | Country | |

| | | | | | |
|---------------------|-----------------|--|-------------|--------|--|
| Residential address | Property name | | | | |
| | Unit / House no | | Street name | | |
| | Suburb / Town | | State | P'code | |

| | | | |
|-----------|--|-----------|--|
| Telephone | | Facsimile | |
|-----------|--|-----------|--|

Director 2

| | | | |
|------------------------------------|--|---|--|
| Given names (do not abbreviate) | | Surname (include maiden name if married) | |
|------------------------------------|--|---|--|

| | | | | |
|---------------|--|-------------|---------|--|
| Date of birth | | Birth place | Town | |
| | | | Country | |

| | | | | | |
|---------------------|-----------------|--|-------------|--------|--|
| Residential address | Property name | | | | |
| | Unit / House no | | Street name | | |
| | Suburb / Town | | State | P'code | |
| Telephone | | | Facsimile | | |

3. Details of ownership of resort

| | | | | | |
|---|---------------|--|-------------|--------|--|
| Name of resort | | | | | |
| Address of resort | Property name | | | | |
| | Street no | | Street name | | |
| | Suburb / Town | | State | P'code | |
| Postal address (for all correspondence) | | | | | |
| | | | | | |

Owner of resort

| | | | | | |
|---------------------------------|-----------------|-------------|--|--------|--|
| Given names (do not abbreviate) | | | Surname (include maiden name if married) | | |
| Date of birth | | Birth place | Town | | |
| | | | Country | | |
| Residential address of owner | Property name | | | | |
| | Unit / House no | | Street name | | |
| | Suburb / Town | | State | P'code | |
| Telephone | | | Facsimile | | |

4. Royal Flying Doctor Service of Australia medicine chests

Is there a Royal Flying Doctor Service of Australia medicine chest held at the island resort?

Yes No

If yes, concurrent emergency medical treatment CANNOT be provided under an approval, if being provided via the medicine chest mechanism. They are to be used for discrete medical events only. This DOES NOT exclude an individual (or company) from applying for, and/or being granted an approval.

5. Reason drugs and poisons are required at the island resort

| |
|--|
| |
| |
| |

6. Period for which approval is required

| | |
|---|--|
| Period approval is required (<i>maximum of 2 years</i>) | |
|---|--|

7. Disclosure by applicant

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

Yes No
been convicted of an offence against the *Health Act 1937* or the *Health (Drugs and Poisons) Regulation 1996*?

Yes No
held an approval granted under the *Health (Drugs and Poisons) Regulation 1996* that was suspended or cancelled?

Yes No
ever been refused an approval under the *Health (Drugs and Poisons) Regulation 1996*?

If YES to any of the above, please attach documentation that provides details of the suspension, cancellation, refusal, nature of the offence and the circumstances of its commission.

8. Declaration by applicant

I declare that the information contained in this application is true and correct and I make this declaration in the knowledge that a person making application which is false, misleading or incomplete commits an offence against the *Health (Drugs and Poisons) Regulation 1996*.

I 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 am/We are familiar with my/our obligations under the *Health (Drugs and Poisons) Regulation 1996* (available at www.legislation.qld.gov.au) and "Drugs and Poisons at Island Resorts in Queensland" (available at www.health.qld.gov.au).

| | | | |
|-----------------|--|----------|--|
| Signature 1 | | Date | |
| Print full name | | Position | |
| Signature 2 | | Date | |
| Print full name | | Position | |

This information has been prepared to assist you in applying for an approval for *Drugs and Poisons at an Island Resort in Queensland* under section 18(1) of the *Health (Drugs and Poisons) Regulation 1996*. Following this advice will enable timely consideration of your application.

1. This application form is for corporations. If an individual wishes to apply for approval, contact Drugs and Poisons Policy and Regulation Unit on (07) 3328 9310.
2. When you complete the form, please print clearly and answer all questions in full.
3. Applications are processed only when all information requested is provided. You will be notified by mail if the approval is granted.
4. All forms requiring a signature must bear the original signature in ink. Queensland Health is not able to accept a photocopy or facsimile copy of the completed form.
5. Information regarding the approval is detailed in "Drugs and Poisons at Island Resorts in Queensland" available at www.health.qld.gov.au or by contacting the local Public Health Unit.
6. A separate application form must be completed for each island resort requiring approval.
7. Applications must be accompanied by a copy of the written arrangement between the Island Resort Manager and the nominated doctor (or medical practice).
8. Applications must be returned to:

Senior Licensing Officer
Drugs and Poisons Policy and Regulation Unit
Environmental Health Branch
QUEENSLAND HEALTH
PO Box 2368
Fortitude Valley BC QLD 4006

How to complete an application

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

Section 1

This section assists in locating previous/current approvals and providing a timeframe for processing of applications for renewal of approvals.

- One checkbox is marked for each question.
- If YES is answered for either question, provide the approval number and expiry date.

Section 2

- Incorporated companies*: Advise the name that appears on the *Certificate of Incorporation* issued by the Australian Securities and Investment Commission (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*.
- Provide the details of at least two (2) directors of the company. Names are to be advised in full and exactly as they appear on each person's birth certificate. If persons have ever been known by any other name, attach any copies of documentation that provides for formal changes of name ie. deed poll, marriage certificate etc.

Section 3

- Names are to be advised in full and exactly as they appear on owner's birth certificate. If owner has ever been known by any other name, attach any copies of documentation that provides for formal changes of name ie. deed poll, marriage certificate etc.

Section 4

- One checkbox is marked.

Section 5

- Provide reason that drugs and poisons are required at the island resort, as concisely as possible, but with sufficient detail.

Section 6

- Specify the period in months or years that you are requesting approval for. Ordinarily, approvals are granted for a maximum of two (2) years.

Section 7

If YES is answered for any question, attach copies of the following documents –

- Certificate of conviction / court or tribunal order / police records search.
- ASIC Order preventing individual from managing a corporation.

Section 8

- The form is signed and dated by all persons named at **Section 2**.

General information

- 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. Queensland Health cannot accept documents that bear a photocopied or facsimile copy of the certification or signature.
- Written arrangement between the Island Resort Manager and the nominated doctor (or medical practice) is attached.

Do not return this fact sheet with the application