



**Queensland  
Government**  
Queensland Health

**Queensland Health  
Environmental Health  
Application for Approval  
Drugs and Poisons at a Mine Site 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 mine site 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 mine site 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 mine

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

### Owner of mine

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 mine site?

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 mine site


### 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](http://www.legislation.qld.gov.au)) and "Drugs and Poisons at Mine Sites in Queensland" (available at [www.health.qld.gov.au](http://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 a Mine Site 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 Mine Sites in Queensland" available at [www.health.qld.gov.au](http://www.health.qld.gov.au) or by contacting the local Public Health Unit.
6. A separate application form must be completed for each mine site requiring approval.
7. Applications must be accompanied by a copy of the written arrangement between the Site Senior Executive 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 mine site, 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 Site Senior Executive and the nominated doctor (or medical practice) is attached.

**Do not return this fact sheet with the application**