

# Application form – Details of relevant person

September 2021

## Information about this form

This application form is to be used to support an application for a licence or approval under the *Medicines and Poisons Act 2019 (MPA)*. **The completed form and attachments must be forwarded with the completed initial or amendment application for a licence or approval. A separate form** is required for **each person** making or involved in the application.

Information on licences and approvals can be found on Queensland Health's [website](#).

'Relevant person' is defined in schedule 1 of the MPA to mean the following:

### **relevant person—**

1. *Relevant person*, for a substance authority, means any of the following persons—
  - (a) the person applying for, or holding, the authority;
  - (b) a person acting in partnership with the applicant for, or the holder of, the authority;
  - (c) a person who is, or is proposed to be, responsible for overseeing or supervising the regulated activity under the authority;
  - (d) if the applicant for, or the holder of, the authority is a corporation—an executive officer of the corporation.
2. *Relevant person*, in relation to an approved person's authorisation, means the approved person.

## Instructions

1. Completion of this form is required as part of a licence or approval application under the MPA. Ensure you answer all questions, except where indicated that the question only applies to certain types of applicants or responsible persons, and sign the declaration.
2. Attach a certified copy of your photographic identification document, such as your driver's licence or passport. Certified copies must bear the signature, name and occupation of an authorised identifier e.g. signed by health or legal professionals, Public Health Unit officers, government representatives, Australia Post or bank officials.
3. Attach copies of any other required 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.
4. Individual applicants and persons responsible for oversight or supervision of activities at a premises (except for an S2 retail licence), must be able to demonstrate they have sufficient knowledge of the regulated substances to be included on the licence or approval as per Section 3 of the form below.
5. A copy of your National Police Clearance (NPC) certificate, issued in the last 12 months must be attached if the application is for:
  - a. a wholesale/manufacturing licence;

- b. a general approval which will include Schedule 8 substances; or
- c. a general approval which will include prohibited substances in Schedule 9 or 10.

Note: An NPC is not required if you are currently registered with the Australian Health Practitioner Regulation Agency (AHPRA) or the Veterinary Surgeons Board.

**Privacy statement – please read carefully**

Personal information collected by Queensland Health is handled in accordance with the *Information Privacy Act 2009*. Queensland Health is collecting your personal information on this form under authority of the *Medicines and Poisons Act 2019*. The information is being collected to ensure that health risks arising from the use of regulated substances are appropriately managed. All personal information will be securely stored and only accessible by Queensland Health. Your personal information will not be disclosed to any other third parties without consent unless the disclosure is authorised or required by law. Failure to provide information may render the form incomplete, which may constitute an offence under the *Medicines and Poisons Act 2019*. For information about how Queensland Health protects your personal information, or to learn about your right to access your own personal information, please see our website at [www.health.qld.gov.au/global/privacy](http://www.health.qld.gov.au/global/privacy).

Section 1 – Applicant details			
<i>Provide your personal details as a relevant person for the application</i>			
Title	Surname	Given name/s	
Previous names (including maiden names)			
Date of birth	Town of birth	Country of birth	
Residential address	Town /Suburb	P/C	
Work phone	Work email address		
Certified <b>photographic proof of identity</b> attached (i.e. driver's licence or passport)			
Section 2 – Relationship to applicant			
<i>Provide details of how you are a relevant person for the application – whether you are the sole applicant, partner or corporate officer, whether you will be a responsible person or supervisor for a premises, providing clinical oversight or intend to use regulated substances.</i>			
Current or proposed position/title:			
Individual who will hold the licence or general approval in own name or on behalf of the entity			
Partnership applicant (only applicable where the licence or approval will be issued to the partnership and will not list an individual licence or approval holder)			
Executive officer of a body corporate, which includes any person who is concerned with, or takes part in, the corporation's management, whether or not the person is a director or the person's position is given the name of executive officer (e.g. director, company secretary, chief executive officer/general manager or chief financial officer)			
Medical practitioner/nurse practitioner/veterinary surgeon engaged to provide oversight or supervision			
Another person responsible for overseeing or supervising regulated activities (including manufacture) for the site located at:			
Another person identified in the application form for the licence or approval as being required to complete a relevant person form			
Section 3 – Qualifications and experience			
<i>Provide details of registration or relevant qualifications/experience to support your role as indicated above (either A, B or C)</i>			
A. Registered Health Practitioner – <b>attach</b> certified copy of current registration certificate			
Profession	AHPRA registration number	Expiry	
B. Registered Veterinary Surgeon – <b>attach</b> certified copy of current registration certificate			
State of registration	VSB registration number	Expiry	

C. Relevant tertiary qualification and/or experience – <b>attach</b> copy of qualification/evidence of experience		
Highest relevant qualification	Institution	Year of completion
Relevant experience		
<b>Section 4 – Disclosure</b>		
1. Have you been convicted of, or are there charges pending for, an indictable offence?	Yes	No
2. In relation to the following relevant legislation: <ul style="list-style-type: none"> <li>• <i>Medicines and Poisons Act 2019</i></li> <li>• <i>Health Act 1937</i> (including the <i>Health (Drugs and Poisons) Regulation 1996</i>) (repealed)</li> <li>• <i>Pest Management Act 2001</i> (repealed)</li> <li>• equivalent legislation in another Australian jurisdiction, including the <i>Therapeutic Goods Act 1989 (Cwth)</i>, <i>Narcotic Drugs Act 1967 (Cwth)</i> and <i>Agricultural and Veterinary Chemicals Code Act 1994 (Cwth)</i></li> </ul> have you (or a company of which you were a corporate officer):		
a) been convicted of, or are there charges pending for, an offence?	Yes	No
b) held a licence, permit, approval, authority and/or an endorsement that was suspended or cancelled?	Yes	No
c) been refused a licence, permit, approval, authority and/or an endorsement?	Yes	No
Provide further details to questions answered 'yes'. Clearly indicate for each occurrence when the incident occurred and the circumstances.		
<b>Section 5 – Consent and declaration</b>		
I consent to Queensland Health collecting, using and disclosing my personal information for the purpose of determining this application and any matters relevant to the related substance authority.		
I consent to Queensland Health making enquiries of, and exchanging information with, the authorities of any Australian state or territory, or of the Commonwealth, regarding any matters relevant to this application (which may include a criminal history check). If relevant information cannot be obtained from other entities, Queensland Health will determine the application on the information available.		
I declare that, to the best of my knowledge, all information provided in and with this form is true and correct in every detail.		
I understand that if anything has been stated in this application form, or in an attachment provided with this application, that is false or misleading, any substance authority granted may be suspended or cancelled.		
Signature	Full name	Date