

Application form – General approval (emergency management of animals) – Amendment application

January 2022

Information about this application form

This application form is to be used to apply to amend a general approval for **emergency management of animals** under section 78 of the *Medicines and Poisons Act 2019* (MPA).

Holders of a general approval (emergency management of animals), may not be required to submit an amendment application for a change in a place where medicines are stored. In the first instance, please submit a notice of the change in location to Healthcare Approvals and Regulation Unit (HARU) via email: HARU@health.qld.gov.au.

Applying for an amendment of a general approval for emergency management of animals

The chief executive of Queensland Health (or delegate) must decide whether or not to grant an amendment application. In determining the application, the matters described in section 79 of the MPA may be taken into consideration.

Queensland Health assesses all information relevant to an application including:

- prior compliance history;
- background, skills and qualifications of persons who will be responsible for overseeing activities to be carried out or will have access to regulated substances;
- which regulated substances are to be included in the substance authority;
- proposed activities and locations where regulated substances are to be used and stored; and
- the documented governance arrangements in place relevant to the substance authority.

Under chapter 3, part 3, division 4 of the MPA, applications are decided within 90 days of the application (final consideration day – section 86 of the MPA), or the latest day the chief executive of Queensland Health (or delegate) receives information from the applicant (section 89 of the MPA), unless a later date is agreed (s88 of the MPA). Applications not decided by this time are taken to have been refused (s89(4) of the MPA).

To apply, submit via email the **attached** application form, accompanied by all supporting documents (certified where required), to:

The Chief Executive, Queensland Health
c/o Healthcare Approvals and Regulation Unit (HARU)
medicines.applications@health.qld.gov.au

**APPLICATION TO AMEND A GENERAL APPROVAL
(EMERGENCY MANAGEMENT OF ANIMALS)**

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. 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.

INSTRUCTIONS:

Sections 1 and 8 must be completed. In addition to this, please complete the relevant sections for which amendment is sought indicating whether the information is to be added, removed or updated.

Section 1 – Applicant (entity) details			
<i>Provide current details of the substance authority holder seeking the amendment</i>			
Substance authority reference			
Name of substance authority holder			
Entity phone	Entity email		
Section 2 – Changes to substance authority holder details			
<i>Provide updated details of the substance authority holder. Note that substance authorities are not transferrable.</i>			
Name of entity (e.g. individual (surname, given names), partnership, company, incorporated association)			
Trading name (if applicable)			ACN or ACNC (if applicable)
Entity phone	Entity email		
Postal address	Town/ Suburb	P/C	
Section 3 – Changes to relevant persons (s76 MPA)			
<i>To add or update details for relevant persons e.g. partners, executive officers of a body corporate, senior person, appointed veterinary surgeon etc., indicate the changes below and attach a Details of relevant person form (MPA-76) for the person to be added/updated. To remove a relevant person, provide details below. If more space is required, please attach further details.</i>			
Partners/Executive officers (directors, CEO etc.) to add or update (attach relevant person form for each)			
Name	Add	Update	
Name	Add	Update	
Partners/Executive officers (directors, CEO etc.) to remove			
Name	Remove		
Name	Remove		
A person who is, or is proposed to be, responsible for overseeing or supervising regulated activities (senior person e.g. manager/supervisor, or veterinary surgeon) to add or update (attach relevant person form for each)			
Name	Add	Update	
Name	Add	Update	

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A person who is, or is proposed to be, responsible for overseeing or supervising regulated activities (senior person e.g. manager/supervisor, or veterinary surgeon) to remove

Name	Remove
Name	Remove

Section 4 – Changes to locations where medicines are to be stored in preparation for use

Provide details of the proposed changes to the locations/field sites where medicines are to be stored in preparation for providing emergency treatment or care of animals, including any changes to the activities to be provided. To include additional locations, please attach further details.

To provide details of changes to locations where medicines are to be delivered and stored centrally (e.g. at the organisation's premises/facility), provide these details in section 5.

Note: If this amendment application relates solely to a change in location where medicines are to be stored, please submit a notice of change in location in the first instance.

Location 1

Add		Remove		Update	
Premises Name			Residential		
			Commercial/industrial		
Street Address		Town /Suburb		P/C	
Contact person		Phone	Email		
Description of emergency management of animals to be provided at/from this location including days/times					
Nature of storage (details of room, receptacle etc.)					
Control of access (details of safe, keyholders etc.)					
Does the storage at this location meet the requirements of s198 of the MPMR?				Yes	No

Location 2

Add		Remove		Update	
Premises Name			Residential		
			Commercial/industrial		
Street Address		Town /Suburb		P/C	
Contact person		Phone	Email		

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Description of emergency management of animals to be provided at/from **this** location including days/times

Nature of storage (details of room, receptacle etc.)

Control of access (details of safe, keyholders etc.)

Does the storage at this location meet the requirements of s198 of the MPMR?	Yes	No
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Section 5 – Changes to premises where medicines are to be stored

Provide details of changes to the physical address where medicines are to be delivered and stored centrally (e.g. at the organisation's premises/facility). Do not include details for field locations where individuals will store medicines off-site in preparation for use; this information is provided in Section 5. If more space is required, please attach further details.

Central storage location 1

Do not repeat storage details for locations/sites already provided in section 4.

Add	Remove	Update
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Premises Name	Residential
	Commercial/industrial

Street Address	Town /Suburb	P/C
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Contact person	Phone	Email
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Storage location (e.g. building/room number)

Nature of storage (details of room, receptacle etc.)

Control of access (details of safe, keyholders etc.)

Does the storage at this location meet the requirements of s198 of the MPMR?	Yes	No
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Central storage location 2

Do not repeat storage details for locations/sites already provided in section 4.

Add	Remove	Update
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Premises Name		Residential	
		Commercial/industrial	
Street Address		Town /Suburb	P/C
Contact person	Phone	Email	
Storage location (e.g. building/room number)			
Nature of storage (details of room, receptacle etc.)			
Control of access (details of safe, keyholders etc.)			
Does the storage at this location meet the requirements of s198 of the MPMR?			No
			Yes

Section 6 – Changes to medicines proposed to be used under this approval

*The medicines that may be authorised for a general approval for emergency management of animals are listed below. To change which medicines are authorised under your approval, provide an **updated selection** of which medicines are sought for this approval.*

Select which medicines are sought for this approval:

Acepromazine

Xylazine

Alphaxalone

Zolazepam / Tiletamine

Pentobarbital

Section 7 – Additional information and attachments

Provide any (new/updated) additional information to support your application

Provide/specify which (if any) attachments are attached to support this application:

A current **company extract** from the Australian Securities and Investments Commission (ASIC)

A copy of **current registration** with the Australian Charities and Not-for-profits Commission (ACNC)

A complete up-to-date **list of all locations where medicines are being stored**, including the quantity of each medicine being stored at each location

Details of **relevant person** forms for each person relevant to the application (directors, registered veterinary surgeons, senior persons e.g. managers/supervisors etc., persons proposing to administer medicines)

Evidence of the **credentialing process** used to prove that persons providing care or treatment for animals have the necessary competence and training to use scheduled medicines, signed by a veterinary surgeon

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Other **relevant documents** (e.g. operational procedures, governance documents) please specify

Section 8 – Consent and declaration

By making this application:

I declare that I have authority to make this application on behalf of the applicant.

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. 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 application 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.

Full name of applicant or authorised representative
(where applicant is a body corporate or another entity)

Designation of applicant or authorised
representative

Signature of applicant or authorised representative (where applicant is a body
corporate or another entity)

Date (DD/MM/YYYY)