

Request by holder of an authority as an approved person for medicines to review administrative action

Medicines and Poisons Act 2019 (the MPA), Section 105

This form is to be used by the holder of an authority as an approved person for medicines, in relation to which administrative action has been taken, to ask the chief executive, in writing, to review the administrative action. The holder of an authority as an approved person for medicines may give the chief executive information supporting the holder's request for a review of the administrative action.

The holder of an authority as an approved person for medicines may make a request for a review of the administrative action only on or after the review day for the administrative action. Pursuant to section 95 of the MPA, the review day, for administrative action, means the earliest day on which the chief executive is required under this part to consider ending or changing the administrative action.

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 MPA and *Medicines and Poisons (Medicines) Regulation 2021*. 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 MPA. 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

What will happen when this application is received?

Pursuant to **section 106** of the **MPA** the chief executive (or delegate) must consider a request made by an authority holder to review administrative action; and

- decide to:
 - **end** the administrative action; or
 - take **further administrative action** to:
 - continue the administrative action; or
 - take other administrative action in relation to the authority that is less onerous
- where further administrative action is taken, give the holder an information notice for the decision

Private and Confidential

Enquiries to Medicines Compliance: MedicinesCompliance@health.qld.gov.au

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Section 1 – Details of holder of an authority as an approved person for medicines

Full Name: _____

Address: _____

Contact number: _____ Email Address: _____

Postal address (if different than above):

Section 2 – Reference number/s

Ahpra Registration Number (if applicable): _____

VSB Registration (certificate) Number (if applicable): _____

Other (if applicable): _____

Section 3 – Details of administrative action

I **attach** a copy of the original administrative action with this application Copy attached

Section 4 – Any other relevant information (if applicable)

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Section 5 – Reason/s for seeking a review of the administrative action

Section 6 – Attachments

Note: please attach all relevant documents that will enable the chief executive (or delegate) to decide this application

Section 7 – Declaration

- I declare that I have the authority to make this application.
- 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 agree to advise the chief executive if my circumstances change, or if I become aware of any matter that would make the information provided in, or with this form, false or misleading.

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Section 8 – Are you the authority holder?

Yes. Please complete Section 9.

No. Please complete Section 10.

Section 9 – Signature of authority holder (if applicable)

Signature: _____ Date: _____

Section 10 – Details and signature of authorised representative (if applicable)

Full Name: _____

Company _____

Address: _____

Contact number: _____ Email Address: _____

Signature: _____ Date: _____

Submit completed form and any supporting documents via email to:

Chief Executive, Queensland Health

c/o Medicines Compliance

MedicinesCompliance@health.qld.gov.au

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