



Guide to completing this application

- This application form is to be used to apply for a general approval to buy, possess, apply or dispose of cyanide under the ***Medicines and Poisons Act 2019 (MPA)*** and the ***Medicines and Poisons (Poisons and Prohibited Substances) Regulation 2021 (Poisons Regulation)***.
- Information on Industrial users of cyanide is available in the Department of Health's website.
- Please print clearly and answer all questions in full. Your nominated Queensland contact will be notified if information is incomplete or additional information is required. This may delay the application process.
- A general approval may be granted to individuals, partnerships or an incorporated entity.
- Businesses operating at multiple sites may be able to apply for a single entity level approval covering all the sites. For additional information in relation to multiple sites under one approval.
- The documents listed below are required to be submitted with this application form. To avoid unnecessary delays, ensure you provide all the required documents:
 - A current company extract from the Australian Securities and Investments Commission (ASIC);
 - Verified copies of proof of identity documents for each director/chairperson/partner.
- The person signing on behalf of an entity must be an Executive Officer or a person authorised to sign on behalf of the entity.
- If you possess **more than 500g of cyanide at one time**, you are required to have a **Substance Management Plan (SMP)** prior to commencing regulated activities. For more information on SMPs, please visit the Department of Health's website.
- If the space provided in any section is insufficient, attach additional documents with the required information, indicating clearly which section of the form it applies to.
- The Department may carry out inquiries in relation to your application as considered necessary.

How to submit this application

This application may be submitted by either email or post, if you require assistance in relation to completing your application form, contact the Public Health Regulation and Licensing Team on (07) 3328 9310.

To submit your application, send the **attached** application form, accompanied by all supporting documents (verified where required) and the applicable fee, to:

The Chief Executive
Queensland Health
Public Health Regulation and Licensing Team
PO Box 2368
FORTITUDE VALLEY QLD 4006

Electronic applications can be sent to: Licensing@health.qld.gov.au

Privacy statement – please read carefully

The personal information and documents collected for the purpose of this application will be securely stored, and only accessible and used by authorised persons for purposes in accordance with the *Medicines and Poisons Act 2019* and *Medicines and Poisons (Poisons and Prohibited Substances) Regulation 2020*. Queensland Health may be required to make enquiries of, and exchange personal information with, other State, Territory or Commonwealth entities regarding any matters relevant to this application. The department will not disclose any personal information provided with this application and supporting documents to any other third parties without your consent unless required or authorised by law. The *Information Privacy Act 2009 (Qld)* sets out the obligations for the collection and handling of personal information by Queensland Health. 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.

SECTION 1 – Type of application

- New general approval (section 75 of the MPA)
(if your approval has expired, you need to apply for a new approval)
- Amendment to an existing general approval – Approval Number*: (section 78 of the MPA)
Complete section 2, and all sections that require amending
- Replacement of lost/destroyed general approval – Approval Number*: (section 83 of the Poisons Regulation)
Complete section 2 and sections 7 – 9

* Previously referred to as 'Permit Number' under the *Health (Drugs and Poisons) Regulation 1996*



SECTION 2 – Applicant details		
<i>Provide details of the entity seeking the approval</i>		
Legal name of entity:		
Trading name (if applicable):		ACN (if applicable):
Date of birth: <i>For individual applicants</i>	Town of birth:	Country of birth:
Phone:	Email:	
Postal address:	Town/Suburb:	P/C:
<i>For individuals, provide your personal details; for other entities, provide the personal details of all directors/chairpersons or partners. Attach further information if required using the 'Additional Directors/Chairpersons/Partners attachment'.</i>		
Executive Officer or other person authorised to sign on behalf of the entity (e.g.) Director/Chairperson/Partner 1		
Title:	Surname:	Given name/s:
Position:		
Phone:	Email:	
Executive Officer or other person authorised to sign on behalf of the entity (e.g.) Director/Chairperson/Partner 2		
Title:	Surname:	Given name/s:
Position:		
Phone:	Email:	
Nominated Queensland contact		
Name:	Position:	
Phone:	Email:	



SECTION 3 – Place where regulated activities are to occur <i>If there are additional sites to be listed, please complete and attach to this application, the form 'Additional cyanide sites' attachment.</i>			
Site 1 of _____ Name of location:			
Site address:		Town/Suburb:	P/C:
Site contact:	Title:	Surname:	Given name/s:
Phone:		Email:	
Storage arrangements			
Address where the poisons will be stored:			
Describe onsite location where poisons will be stored:			
Describe measures to ensure the poison are stored securely:			
SECTION 4 – Details of cyanide at this site			
Type of cyanide, (e.g. Potassium Cyanide (KCN), Sodium Cyanide (NaCN))	Concentration of Cyanide, (e.g. %; % w/v; ppm)	Amount required for duration of permit (e.g. litre, kilogram)	
SECTION 5 – Substance Management Plan (SMP)			
Are you required to have a SMP?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, have you prepared a SMP in accordance with section 93 of the MPA?			<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 6 – Duration of the Approval			
Term of approval sought:	<input type="checkbox"/> 1 years	<input type="checkbox"/> 2 years	<input type="checkbox"/> 3 years
SECTION 7 – Requesting a replacement Approval			
<input type="checkbox"/> I declare that my existing approval has been lost, stolen or damaged			



SECTION 8 – Disclosure		
Have you, the applicant:		
a) Been convicted of an indictable offence (drink driving and minor traffic offences are not indictable offences)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b) Been convicted of an offence against the <i>Medicines and Poisons Act 2019, Health Act 1937</i> (including the <i>Health (Drugs and Poisons) Regulation 1996</i>) (repealed) or equivalent legislation in another Australian jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c) Held a licence, approval and/or an endorsement under the <i>Medicines and Poisons Act 2019, Health Act 1937</i> (including the <i>Health (Drugs and Poisons) Regulation 1996</i>) (repealed) or equivalent legislation in another Australian jurisdiction, that was suspended or cancelled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d) Been refused a licence, approval and/or an endorsement under the <i>Medicines and Poisons Act 2019, Health Act 1937</i> (including the <i>Health (Drugs and Poisons) Regulation 1996</i>) (repealed) or equivalent legislation in another Australian jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Provide further details to questions answered 'yes' as an attachment to your application</i>		
SECTION 9 – Consent and declaration		
<input type="checkbox"/> I consent to the chief executive, Queensland Health (or delegate) making enquiries of, and exchanging information with other Queensland authorities, 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, the chief executive (or delegate) will determine the application on the information available.		
<input type="checkbox"/> I declare that, to the best of my knowledge, all information provided in this application form, or in an attachment provided, is true and correct.		
<input type="checkbox"/> I understand that if anything has been stated in this application form, or in an attachment provided, that is false or misleading, any substance authority granted may be suspended or cancelled.		
Full name of applicant or authorised representative: Position	Signature of applicant or authorised representative: 	Date (DD/MM/YYYY):