



Guide to completing this application

- This application form must be used to apply for a general approval to buy, possess, apply and dispose of regulated poisons, other than non-restricted S7s, for the purpose of research, teaching and analysis for non-therapeutic use at a university under the ***Medicines and Poisons Act 2019 (MPA)*** and the ***Medicines and Poisons (Poisons and Prohibited Substances) Regulation 2021 (Poisons Regulation)***.
- A general approval is required to use S2, S3, S4, restricted S7, S8, S9 and S10 substances for non-therapeutic purposes. For explanation of poison terms in this application and for further information on use of regulated poisons at universities, please visit the Department of Health's website.
- Please print clearly and answer all questions in full. Your nominated school/department contact will be notified if information is incomplete or additional information is required for each of the sites to be included in the general approval. This may delay the application process.
- A general approval may be granted to a university entity such as department or research centre. Approvals may be granted for separate research or teaching areas.
- Persons dealing with regulated poisons such as a university drugs officer, researcher or lecturer, may be authorised under the university's **Substance Management Plan (SMP)**, in circumstances where an entity general approval has been granted.
- The person signing on behalf of a university must be authorised to sign on behalf of the relevant entity within the university.
- The correct descriptor and schedule of the poison must be stated in the attachment to this application titled "**Attachment to application – Regulated poisons required**", otherwise the application will be refused. This must be consistent with the descriptor in the [Poisons Standard](#). A form must be completed for each area of the University.
- The holder of a general approval given to an entity at a university for the use of regulated substances for the purpose of research, analysis and teaching, is required to have a SMP prior to commencing regulated activities [Chapter 4, Part 2 of the MPA].
- If the space provided in any section is insufficient, please attach additional documents with the required information, indicating clearly which section of the form it applies to.
- Queensland Health 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		
<input type="checkbox"/> New – Complete whole application (section 75 of the MPA) (If your approval has expired, you need to apply for a new general approval)		
<input type="checkbox"/> Amendment to an existing approval – Approval Number: _____ (section 78 of the MPA) Complete section 2, 6 and 7 and all sections that require amending		
<input type="checkbox"/> Replacement of lost/stolen/damaged approval – Approval Number: _____ (section 83 of the Poisons Regulation) Complete section 2 and sections 8 – 11		
SECTION 2 – Applicant details		
<i>Provide details of the department/school/research centre seeking the approval</i>		
Legal name of the university entity:		
Phone:	Email:	
Postal address:	Town/Suburb:	P/C:
Executive Officer or other person authorised to sign on behalf of the entity		
Title:	Surname:	Given name/s:
Position:		
Phone:	Email:	
SECTION 3 – Substance Management Plan (SMP)		
Have you prepared a SMP in accordance with section 93 of the MPA?		<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 4 – Duration of the approval		
Term of approval sought:	<input type="checkbox"/> 1 year	<input type="checkbox"/> 2 years <input type="checkbox"/> 3 years
SECTION 5 – Requesting a replacement approval		
<input type="checkbox"/> I declare that my existing approval has been lost, stolen or damaged.		
SECTION 6 – Disclosure (only to be completed by individual applicants or where this disclosure is relevant to the named entity itself – not the Executive Officer or other person authorised to sign on behalf of the entity)		
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	



Provide further details to questions answered 'yes' as an attachment to your application

SECTION 7 – Consent and declaration

- 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.
- 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.
- 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:

Signature of applicant or authorised representative

Date (DD/MM/YYYY):

Position



APPLICATION FOR A GENERAL APPROVAL – RESEARCH, ANALYSIS & TEACHING AT A UNIVERSITY

Sections 75 and 78 of the *Medicines and Poisons Act 2019*

Section 83 of the *Medicines and Poisons (Poisons and Prohibited Substances) Regulation 2021*

Poison Standard Descriptor	Schedule	Form, e.g. Amps, solution, etc.	Concentration	Max quantity likely to be held at any one time (mL, grams)