

Request for information from administrative action register

Medicines

Medicines and Poisons Act 2019 (Qld) (the MPA), Section 231

This form is to be used to request information from the administrative action register required to be kept under section 228 of the MPA.

In accordance with section 229 of the MPA, the administrative action register contains the following information about administrative action taken in relation to a person –

- (a) the name of the person;
- (b) a brief description of the administrative action taken in relation to the person.

Pursuant to section 95 of the MPA, *administrative action*, in relation to an authority (i.e. a substance authority or an approved person's authorisation), means action—

- (a) changing a condition of an authority; or
- (b) suspending an authority for a stated period or indefinitely; or
- (c) cancelling a substance authority

Under section 231(2) of the MPA the chief executive of Queensland Health (or delegate) may give information, including confidential information, from the administrative action register to a person seeking the information, if the chief executive (or delegate) is satisfied it is in the public interest to do so.

Privacy statement - please read carefully

Personal information collected by Queensland Health is handled in accordance with the *Information Privacy Act 2009 (Qld)*. Queensland Health is collecting personal information within and attached to this form for the purpose of determining your request for information held in the administrative action register to be given to you under authority of section 231(2) of the MPA. All personal information will be securely stored and only accessible by Queensland Health employees who are required to review this form as part of the assessment process associated with your application. Your personal information will not be disclosed to any other third parties without your consent, unless the disclosure is authorised or required by law. Failure to provide all required information may impact the assessment process for your application.

For information about how Queensland Health protects 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

Private and Confidential

Enquiries to Medicines Compliance: MedicinesCompliance@health.qld.gov.au
MPA231-AAR
Version 1.0: 06/2023



What will happen when this request is received?

Pursuant to **section 231** of the **MPA** the chief executive (or delegate) must consider a request for information from the administrative action register and determine whether it is in the public interest to provide the information. The chief executive (or delegate) may decide to:

- Give the information requested; or
- Not give the information requested.

Section 1 – Your details

Full Name: _____

Address: *Street address.* _____

City. _____ *State.* _____ *Postcode.* _____

Contact

Details: *Contact number.* _____ *Email address.* _____

Postal address (if different than above)

Street address. _____

City. _____ *State.* _____ *Postcode.* _____

Ahpra Registration Number

(if applicable): *Ahpra Registration Number.* _____

VSB Registration (certificate) Number

(if applicable): *VSB Registration (Certificate Number).* _____

Other (if applicable):

Other Reference Number. _____

Section 2 – Details of the person you are seeking information about from the administrative action register

Full name: _____

Ahpra Registration Number

(if applicable/known): *Ahpra Registration Number.* _____

VSB Registration (certificate) Number

(if applicable/known): *VSB Registration (Certificate Number).* _____

Other (if applicable):

Other Reference Number. _____

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Section 3 – Reason/s for requesting information – please provide comprehensive reason/s to assist with making a decision about your application

Enter reason/s.

Section 4 – Attachments

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

List attachment/s.

Section 5 – Declaration

- 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 agree to advise the chief executive (or delegate) 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.

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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