Application to change an

Indent Licence

*Medicines and Poisons Act 2014*

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| INSTRUCTIONS and INFORMATION | |
|  | This form is for requesting changes to an existing **Indent Licence** issued under *the Medicines and Poisons Act 2014.*  This form MUST be completed by the current Licence holder or incoming Licence holder who is suitably qualified and understands the requirements and terminology contained in this application.  If the Licence holder is a corporation or partnership, this form must be completed by the corporate officer or partner who originally applied for the Licence.  **All communication will ONLY be with the Licence holder, corporate officer or partner.** |
|  | **Types of changes that cannot be applied for using this form**  DO NOT USE THIS FORM, if:   * The Licence holder is changing from an individual person to a Licence held by a corporation or partnership, or * The Licence holder is changing from a corporation or partnership to an individual person or * The business has a new owner.   These types of changes require the submission of a completely new application for an Indent Licence found at: [Application forms for Licences and Permits](https://ww2.health.wa.gov.au/Articles/A_E/Application-forms-for-Licences-and-Permits)  Licences cannot be transferred between one business entity and another. |
|  | There are five parts to this form:  Part 1 - Sections 1 to 16: Application to change an Indent Licence.  Part 2 - Sections 17 to 23: Personal Information: new individual Licence holder, corporate officer or partner  Part 3 - Sections 24 to 28: Personal Information: new responsible person for a premises  Part 4 - Sections 29 to 30: Payment and checklist.  Part 5 - Appendix |
|  | Fees are **not** payable for the following type of changes to an Indent Licence:   * Change of postal addresses or other contact details * Change to a person responsible for a premises * Removal of premises from the Licence * Removal of certain scheduled medicines or poisons from the Licence. * Upgrade of storage or security such as installation of CCTV. |
|  | A fee of **$85** is payable for the following type of changes to an Indent Licence:   * Change of individual Licence holder (no change of ownership of the business) * Change of a corporate officer (only for Licences issued to a body corporate and not an individual person) * Addition of certain scheduled medicines or poisons to the Licence * Relocation of an existing premises to a new location * Addition of a new premises to the to the Licence * Change of business or trading name without changing legal entity (no change of ownership) * Variation in the activities undertaken under the Licence   (Note: some variations may require a new application and issue of a different Licence type) |
|  | **Changing the Licence holder for a Licence held by an individual person**  The person nominated as the new Licence holder must complete Part 2: Personal Information: Identification, Fitness and Probity and sign the declaration at Section 23.  **6.1 Qualifications and experience of person nominated as the new Licence holder**  The new Licence holder must:   * have enough experience, knowledge and skills to assess whether a client is authorised to purchase medicines and poisons and be able to comply with record-keeping requirements and * have authority within the business to determine policies and procedures in relation to conducting an indent business involving medicines or poisons on the Licence. * provide a National Police Clearance (NPC) certificate which is less than 12 months old.   **6.2 Licence holder responsibilities**  It is the responsibility of the Licence holder to ensure compliance with *the Medicines and Poisons Act 2014* and Regulations 2016 and compliance with conditions placed on the Licence.  Compliance with all relevant parts of the [Australian code of good wholesaling practice for medicines in schedules 2, 3, 4 & 8](https://www.tga.gov.au/publication/australian-code-good-wholesaling-practice-medicines-schedules-2-3-4-8) is required for Indent licences dealing with human medicines.  Compliance with Notices issued under [Section 72 of the Medicines and Poisons Act 2014](https://ww2.health.wa.gov.au/Articles/N_R/Notices-Section-72) is required for licences dealing with Schedule 7 poisons.  The new Licence holder must also consider whether they have capacity to ensure compliance with the *Medicines and Poisons Act 2014* and Regulations 2016 and compliance with conditions placed on the Licence for every premises listed on the Licence. The Department may request further information in relation to this capacity.  There are penalties under the Act for providing false or misleading information when applying for a change to an existing Licence. |
|  | **Changing the person responsible for a premises listed on the Licence**  A new responsible person will have overall responsibility for and manage the indent business on a day to day basis and be the contact person if the Licence holder is not available.  The new responsible person for a premises must:   * be employed or contracted by the Licence holder * reside in WA * complete Part 3: Personal Information: Identification, Fitness and Probity and sign the declaration at Section 28. * provide a National Police Clearance (NPC) certificate which is less than 12 months old   **7.1 Responsible person for a Licence issued to an individual person** can be:   1. the Licence holder, only if the Licence is issued to an individual person and not a corporation or partnership.   **or**   1. the most senior person at the premises who has qualifications and experience in managing an indent business.   **7.2 Responsible person for Licences issued to a corporation or partnership** can be:   1. the most senior person at the premises with relevant qualifications and experience in managing an indent business.   **or**   1. a person within the corporation or partnership who:    * is in a position of authority to determine policies and procedures in relation to managing an indent business and    * has enough qualifications,experience, knowledge and skills to assess whether a client is authorised to purchase medicines and poisons and be able to comply with record-keeping requirements.   Please note: a responsible person must consider whether they have capacity to oversee the day to day management of an indent business at every premises for which they are responsible. Where a single person is responsible for multiple premises, the Department may request further information in relation to this capacity. | |
|  | **Changing a corporate officer or partner for a Licence that is held by a corporation or partnership**  A new partner or corporate officer (directors, company secretary, chief executive officer or general manager and chief financial officer) must also complete Part 2: Personal Information: Identification, Fitness and Probity and sign the declaration at Section 23. |

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|  | **Relocation or addition of a premises**  If a premises listed on an existing Indent Licence:   * is being relocated to a different premise **or** * another premises is being added to the existing Indent Licence and the relocated or added premises (second premises) is currently listed on a different Licence:   + the application will not be processed until the Licence holder at the second premises has submitted an application to the Department to have their premises removed from their Licence.   + in such cases, Licence holders requesting the relocation or addition of a new premises may wish to liaise with the Licence holder at the second premises to ensure the Department of Health is appropriately advised. |
|  | **Required documents**  The applicant and responsible person are required to submit copies of certain documents.  If documents are not in English, also attach a translation certified as completed by a National Accreditation Authority for Translators and Interpreters (NAATI) accredited translator.  Copies of photographic identification documents, such as a driver’s licence or passport must be certified as a true copy. A list of people who can certify copies of documents is found in Appendix A. |
|  | **Signatures**  All signatures must be signed in ink or via a verifiable electronic signature. An electronic signature is only acceptable if the submitted application allows the Department to verify the signature.  A “signature” that is copied and pasted and a “signature” that is the person’s name in a font style resembling handwriting will not be accepted.  The current Licence holder must sign the declaration for making a change to the Licence at Section 16.  **11.1 Who can sign for a change to an Indent Licence:**  If the Indent Licence is held by an individual person and the change is to request a new individual Licence holder within the same business and the current Licence holder is no longer employed by the business:   * the new Licence holder should sign the Declaration and provide the reason the current Licence holder cannot sign the Declaration.   If the Indent Licence is held by a partnership or body corporate, the person who signed the original Permit application should sign the Declaration. |
|  | **Approving a change to a Licence**  Applying for a change to an existing Indent Licence does not guarantee the requested changes will be approved. |
|  | **Processing applications**  Applications will be processed in order of receipt after payment has been confirmed by Finance. To ensure a timely decision about your application please:   * Complete all required sections of the application, * **Attach** all requested documentation to the application, * Respond to requests from the Department for additional information as soon as possible and * Make sure appropriate staff are available if the Department needs to conduct a premises inspection * Submit your application as a Word document and not a photograph. |
|  | **Extra information**  When applying for a change to an existing Licence, refer to the: [Guide to applying for a Licence or Permit](https://ww2.health.wa.gov.au/Articles/A_E/Application-forms-for-Licences-and-Permits) |
|  | **Submitting the application**  Please email completed form and other requested documentation to: [mprb@health.wa.gov.au](mailto:mprb@health.wa.gov.au) |
| **Incomplete applications may be delayed or returned to the applicant** | |
| **Please keep a copy of the completed application form for reference** | |

# PART 1: APPLICATION to change an INDENT LICENCE

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| General information | | | | | | | | | | | | | | | | | | | | |
| Licence number: | | | | |  | | | Name of current Licence holder: | | | | |  | | | | | |  | |
| Postal address: | | | |  | | | | | | Suburb: | |  | | | | Postcode: |  | |  | |
| Telephone: | | |  | | | Fax: |  | | Email: | |  | | | | | | | |  | |
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| **1.1 Type of change** | | | | | | | | | | | | | | | | | | | |
| Please check whichever applies: | | | | | | | | | | | | | | | | | | | |
| **Changes without a fee** | | | | | | | | | | | | | | | **Complete** | | | | |
|  | Change of postal address or other contact details | | | | | | | | | | | | | Part 1: Sections 2,16 | | | | | |
|  | Change the person responsible for a premises | | | | | | | | | | | | | Part 1: Sections 3,16  Part 2: Sections 24 to 28 | | | | | |
|  | Remove a premises from the Licence | | | | | | | | | | | | | Part 1: Sections 4,16 | | | | | |
|  | Remove certain scheduled medicines or poisons form the Licence | | | | | | | | | | | | | Part 1: Sections 5,16 | | | | | |
|  | Upgrade to storage and security | | | | | | | | | | | | | Part 1: Sections 6,16 | | | | | |
| **Changes with a fee of $85** | | | | | | | | | | | | | | | | | | | |
|  | Change of individual Licence holder | | | | | | | | | | | | | Part 1: Sections 7,16  Part 2: Sections 17 to 23  Part 4: Section 29 | | | | | |
|  | Change of corporate officer or partner | | | | | | | | | | | | | Part 1: Sections 8,16  Part 2: Sections 17,20,21,22,23  Part 4: Section 29 | | | | | |
|  | Addition of certain schedule medicines or poisons to the Licence: | | | | | | | | | | | | | Part 1: Sections 9,16  Part 4: Section 29 | | | | | |
|  | Relocation of an existing premises to a new premises | | | | | | | | | | | | | Part 1: Sections 10,12,13,16  Part 4: Section 29 | | | | | |
|  | Addition of a new premises to the Licence | | | | | | | | | | | | | Part 1: Sections 11,12,13,16  Part 4: Section 29 | | | | | |
|  | Change of business or trading name without any change of the legal entity | | | | | | | | | | | | | Part 1: Sections 14,16  Part 4: Section 29 | | | | | |
|  | Variation in the activities undertaken under the Indent Licence | | | | | | | | | | | | | Part 1: Sections 15,16  Part 4: Section 29 | | | | | |
| **Note: if making multiple changes, only pay one fee of $85** | | | | | | | | | | | | | |  | | | | | |
| **1.2** | Additional information to support application (optional): | | | | | | | | | | | | | | | | | | | |
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**PART 1: APPLICATION to change an INDENT LICENCE**

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| Changes without a fee |

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| Change of postal address and other contact details | | | | | | | | | | | |
| New Postal Address\*: | |  | | | Suburb: | |  | | Postcode: |  |  |
| Telephone: |  | | Fax: |  | | Email: | |  | | |  |
| \* Renewal reminders will be sent to this address. | | | | | | | | | | | |

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| Change the person responsible for a premises listed on the Licence | | | | | | | | | | | | | | | | | | | | |
| Refer to instruction number 7 for information on the requirements for being a responsible person for a premises. | | | | | | | | | | | | | | | | | | | | |
| Premises name: | | | | | |  | | | | | | | | | | | | |  | |
| Address: | | | |  | | | | | | | Suburb: |  | | | | Postcode: | |  |  | |
| Name of new incoming responsible person for this premises: | | | | | | | | | | | | | | | | | | | | |
| Title: | |  | | | Forename(s): | | |  | | | | | Surname: |  | | | | |  | |
| **3.1 Details about the new person responsible for a premises listed on the Licence** | | | | | | | | | | | | | | | | | | | | |
|  | Is the new responsible person also the Licence holder or responsible for another premises listed on the Licence? | | | | | | | | | | | | | | | | | | | |
|  | Yes: Confirm name: | | | | | | Title: | |  | Forename/s: | |  | | | Surname: | |  | | |  |
|  |  | | There is no requirement to complete Part 3. | | | | | | | | | | | | | | | | | |
|  | No: the new responsible person for the above-named premises, must complete and **attach** Part 3: Personal Information: Identification, Fitness and Probity. | | | | | | | | | | | | | | | | | | | |

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| Remove a premises from the Licence | | | | | | | | | | | | |
| Premises name: | | |  | | | | | | | |  | |
| Address: |  | | | Suburb: |  | | | Postcode: |  | |  | |
| Date the business/store will cease trading at these premises: | | | | | | |  | | | |  | |
| Is the business at the premises being sold to another indent business? | | | | | | | | | | | |
| **4.1**  Yes: please provide the name of the new business: | | | | | |  | | | |  | |
| Date of transfer to new business: | | | | | |  | | | |  | |
|  | | The Department requires the person taking over the business to either:   * apply to add this premises to their current Indent Licence, if they already have a Licence, or * apply for a new indent Licence in their name.   Applications from the person buying the business must be received by the Department prior to removing this premises from your Licence. | | | | | | | | | |

**PART 1: APPLICATION to change an INDENT LICENCE**

**Changes without a fee**

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| Remove certain scheduled medicines or poisons from the Licence | | | | | | | | | | |
| Premises name: | | |  | | | | |  | | |
| Address: | |  | | Suburb: |  | Postcode: |  | |  | |
| **5.1** | Please list the scheduled medicines or poisons to be removed from the Licence: | | | | | | | | | |
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| Upgrading storage and security | | | | | | | | |
| Premises name: | | |  | | | | | |
| Address: | |  | | Suburb: |  | Postcode: |  |  |
| Describe the change to the way the ordering systems and records will be maintained or the change to premises security: | | | | | | | | |
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**PART 1: APPLICATION to change an INDENT LICENCE**

## Changes with a fee

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| Change of individual Licence holder | | | | | | | | | | | | | | |
| Refer to instruction number 6 for information on the requirements for being a Licence holder. | | | | | | | | | | | | | | |
| **Name of new incoming Licence holder:** | | | | | | | | | | | | | | |
| Title: |  | | Forename(s): | |  | | | | Surname: | |  | | |  |
| Address: | |  | | | | Suburb: |  | | | | | Postcode |  |  |
| Telephone /Mobile: | | | |  | | | | Email: | |  | | | |  |
| Position in business: | | | |  | | | | | | | | | |  |
| A new Licence holder must complete and **attach** Part 2: Personal Information: Identification, Fitness and Probity. | | | | | | | | | | | | | | |

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| Change of corporate **officer or partner** | | | | | | | | | | | | | | | | | | | | |
| **Note:** Only applicable if the Licence has been issued to a body corporate or company and not to an individual person. | | | | | | | | | | | | | | | | | | | | |
| **8.1** | **Name of new incoming corporate officer or partner** | | | | | | | | | | | | | | | | | | | |
|  | Title: |  | | | Forename(s): | | |  | | | | | | | Surname: | |  | | |  |
|  | Address: | | |  | | | | | | Suburb: |  | | | | | | | Postcode: |  |  |
|  | Telephone/Mobile: | | | | | |  | | | | | Email: | |  | | | | | |  |
|  | Corporate officer/partner must complete and **attach** Part 2: Personal Information: Identification, Fitness and Probity | | | | | | | | | | | | | | | | | | | |
| **8.2** | **Name of outgoing corporate officer or partner** | | | | | | | | | | | | | | | | | | | |
|  | Title: | |  | | | Forename(s): | | |  | | | | Surname: | | |  | | | |  |
| **8.3** | Please **attach** a copy of the Current and Historical Company Extract from ASIC which includes details of all past and current corporate officers. | | | | | | | | | | | | | | | | | | | |

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| Addition of scheduled medicines or poisons to an Indent Licence | | | | | | | | | | | | | |
| Premises name: | | |  | | | | | | | | | |  |
| Address: | |  | | | Suburb: | |  | | Postcode: | |  |  | |
| Please check all schedules of medicines and/or poisons to be added to the Licence: | | | | | | | | | | | | | |
| Schedule 2 | | | | Schedule 3 | | Schedule 4 | | Schedule 71 | | Schedule 8 | | | |
| **9.1 List of individual products** (if applicable): | | | | | | | | | | | | | |
|  | **If** the businessindenting individual products rather than multiple products within a schedule, please list below: | | | | | | | | | | | | |
| |  |  | | --- | --- | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | | | | | | | | | | | | | | |
| **1Note: If** indenting Schedule 7 poisons: Consult- Notices issued under Section 72 of the *Medicines and Poisons Act 2014* at [Section 72 of the Medicines and Poisons Act 2014](https://ww2.health.wa.gov.au/Articles/N_R/Notices-Section-72) | | | | | | | | | | | | | |

**PART 1: APPLICATION to change an INDENT LICENCE**

**Changes with a fee**

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| Relocation of an existing premises | | | | | | | | | | | | | | | | |
| **10.1** | **Current address of premises:** | | | | | | | | | | | | | | | |
|  | Premises name: | | | |  | | | | | | | | | | |  |
|  | Address: |  | | | | | Suburb: | |  | | | Postcode: |  | | |  |
| **10.2** | **New address of relocated premises:** | | | | | | | | | | | | | | | |
|  | Premises name: | | |  | | | | | | | | | | | |  |
|  | Address: |  | | | | | Suburb: | |  | | | Postcode: |  | | |  |
|  | Telephone: | |  | | | Fax: | |  | | Email: |  | | | | |  |
|  | Date of possession of the premises (settlement date/lease commencement/handover of premises): | | | | | | | | | | | | |  |  | |
|  | Note: Licence will be issued with “Valid from” date on or after this date. | | | | | | | | | | | | | | | |
| **10.3** | **Plus,** complete Sections 12,13,16 and 29 (payment) | | | | | | | | | | | | | | | |

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| Addition of another new premises | | | | | | | | | | | | | | |
| **11.1** | Premises name: | |  | | | | | | | | | | |  |
|  | Premises Address: | | |  | | | Suburb: |  | | | Postcode: | |  |  |
|  | Telephone: |  | | | Fax: |  | | | Email: |  | | | |  | | |
|  | Date of possession of the premises (settlement date/lease commencement/handover of premises) | | | | | | | | | | |  | |  | |
|  | Note: Licence will be issued with “Valid from” date on or after this date. | | | | | | | | | | | | | |
| **11.2** | **Plus,** complete Sections 12,13,16 and 29 (payment) | | | | | | | | | | | | | |

**PART 1: APPLICATION to change an INDENT LICENCE**

**Changes with a fee**

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| Information about the relocated or new added premises | | | | | | | | | | | | | | | | | | | | | |
| Is this premises being bought from another indent business? See instruction number 9. | | | | | | | | | | | | | | | | | | | | | | | | |
| No | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes: | | | Name of previous indent business: | | | | | | | | | |  | | | | | | |  | | | | |
|  | | | The Department requires the previous Licence holder at the relocated or new added premises to remove the premises from their Licence. The application to remove the premises from the previous Licence holder’s Licence must be received by the Department prior to adding the relocated or new added premises to your Licence. | | | | | | | | | | | | | | | | | | | | | |
| **12.1** | **Person responsible for the relocated or new added premises** | | | | | | | | | | | | | | | | | | | | |
|  | Title: | | | |  | Forename(s): | | | | |  | | | | | Surname: |  | |  | | |
|  | Position in business: | | | | | | |  | | | | | | | | | | |  | | |
|  | Is the responsible person for the relocated or new added premises also:   * responsible for the premises at the current address or * responsible for another premises listed on the Licence or * the Licence holder? | | | | | | | | | | | | | | | | | | | | |
|  | Yes | | | | | | | | | | | | | | | | | | | | |
|  | No: the responsible person for the relocated or new added premises must complete and **attach** Part 3: Personal Information: Identification, Fitness and Probity. | | | | | | | | | | | | | | | | | | | | |
| **12.2** | **Location of relocated or new added premises** | | | | | | | | | | | | | | | | | | | | |
|  | Commercial | | | | | | Industrial | | | | | Rural | | |  | | | | | | | |
|  | Other-please specify: | | | | | | | |  | | | | | | | | | | | |  | | |
|  | 12.2.1 Is local government approval required to operate the business from the relocated or new added premises? | | | | | | | | | | | | | | | | | | | | |
|  |  | | | Yes: **Attach** evidence of local government approval to operate the business from the premises | | | | | | | | | | | | | | | | | |
|  |  | | | No: Local government may be asked to comment on applications which may increase processing time. | | | | | | | | | | | | | | | | | |
| **12.3** | | **Building /premises security for relocated or new added premises.** Please check all that apply: | | | | | | | | | | | | | | | | | | | |
|  | | Dedicated monitored alarm system | | | | | | | | | | | | Video surveillance system (CCTV) | | | | Motion detectors | | | |
|  | | Perimeter fence with lockable gate | | | | | | | | | | | | Perimeter alarm | | | | | | | |
|  | | Other – please describe: | | | | | | | |  | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- |
| Scheduled medicines or poisons, records and access at relocated or new added premises | | | | | |
| Please check all schedules of medicines and/or poisons to be added to the Licence: | | | | | |
| Schedule 2 | | Schedule 3 | Schedule 4 | Schedule 71 | Schedule 8 |
| **13.1 List of individual products** (if applicable): | | | | | |
|  | **If** the business isindenting individual products rather than multiple products within a schedule, please list below: | | | | |
| |  |  |  | | --- | --- | --- | |  |  |  | |  |  |  | |  |  |  | | | | | | |
| **1Note: If** indenting Schedule 7 poisons: Consult- Notices issued under Section 72 of the *Medicines and Poisons Act 2014* at [Section 72 of the Medicines and Poisons Act 2014](https://ww2.health.wa.gov.au/Articles/N_R/Notices-Section-72) | | | | | |
| Section 13 continues next page | | | | | |

**PART 1: APPLICATION to change an INDENT LICENCE**

**Changes with a fee**

|  |  |  |  |  |  |  |  |  |  |
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| **13.2 Employees and National Police Clearance Certificate (NPC)** | | | | | | | | | |
|  | |  | | | | Check to confirm all staff at the premise with access to the poisons or who will be processing orders for Schedule 7 poisons will have provided the licencee with a copy of a recent (within 12 months) National Police Certificate (NPC) prior to being given access to the poisons, ordering and supplying systems. | | | |
| **13.3 Access to ordering systems and records** | | | | | | | | | |
|  |  | | | | Please check to confirm that only authorised persons, i.e. individual Licence holders, responsible person or other authorised staff employed by the business will have unsupervised access to the ordering systems and records. | | | | |
| **13.4 Preventing access to ordering systems and records** | | | | | | | | | |
|  | | Please describe how non-authorised staff such as reception staff, cleaners and the public (including family and children) will be prevented from having access to the ordering systems and records. | | | | | | | |
|  | |  | | | | | | |  |
|  | |  | | | | | | |  |
|  | | | | | | | | | |
| **13.5 Standard operating procedures (SOP’s)** | | | | | | | | | |
|  | | | Will the SOPs for the indent business at the relocated or new added premises be the same as for another premises listed on the Licence? | | | | | | |
|  | | | Yes: SOP is the same as: | | | | |  |  |
|  | | | No: please **confirm** the indent business at the relocated or new added premises has the following SOPs | | | | | | |
|  | | | |  | | | **SOP** for authorising staff to **access** **ordering systems/records** and to process orders. SOP must support the following requirements: | | |
|  | | | |  | | | 1. Staff training for recording and processing orders of human medicines aligns with the recommendations of the Australian Code of Good Wholesaling Practice for Medicines in Schedules 2, 3, 4 & 8. | | |
|  | | | |  | | | 1. Staff training for recording and processing orders of Schedule 7 aligns with the *Medicines and Poisons Act 2014* and Regulations 2016, if indenting Schedule 7 poisons. | | |
|  | | | |  | | | 1. Computer system is accessible to authorised persons only and system users are trackable. | | |
|  | | | | | | | | | |
|  | | | |  | | | **SOP** for ensuring medicines or poisons are only **supplied by** businesses holding an appropriate Licence under the *Medicines and Poisons Act 2014* and Regulations 2016. SOP must support the following requirements | | |
|  | | | |  | | | 1. The indent licencee keeps a copy of the Licence (Wholesale or Schedule 7 Retail) held by the business that will supply the medicines or poisons. | | |
|  | | | |  | | | 1. Wholesale or Schedule 7 Retail Licence is checked to ensure:  * It includes the medicines and poisons requested by the purchaser * The address from which the medicines or poisons are supplied is listed on the suppliers Licence * There are no breaches to the conditions listed on the suppliers Licence * The suppliers Licence is current | | |
|  | | | | | | | | | |
|  | | | |  | | | **SOP** for ensuring medicines or poisons are only **received by** businesses holding an appropriate Licence or Permit under the *Medicines and Poisons Act 2014* and Regulations 2016. SOP must support the following requirements | | |
|  | | | |  | | | 1. The indent licencee keeps a copy of the Licence or Permit held by the business that will receive the medicines or poisons. | | |
|  | | | |  | | | 1. Licences and Permits are checked to ensure:  * It includes the medicines and poisons requested by the purchaser * Quantity ordered is not greater than the quantity listed on the purchaser’s Licence or Permit * The delivery address is listed as a premises on the purchaser’s Licence or Permit * There are no breaches to the conditions on the purchaser’s clients Licence or Permit * Purchaser’s Licence or Permit is current | | |
| Section 13.5 continues next page | | | | | | | | | |

**PART 1: APPLICATION to change an INDENT LICENCE**

**Changes with a fee**

|  |  |  |
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| Please **confirm** the indent business at the relocated or new added premises has the following SOPs | | |
|  |  | **SOP** for ensuring **clients** have **received** the medicines or poisons they have ordered and reporting medicines or poisons lost or stolen in transit to the Department of Health. SOP must support the following requirements: |
|  |  | 1. Informing client when order has been processed and provide an estimated time of arrival. |
|  |  | 1. Requesting a copy of signed delivery receipt. |
|  | | |
|  |  | **SOP** for dealing with customer return of **unwanted/unused stock**, receipt of **substandard stock** and **manufacturer recalls**. SOP must support the following requirements |
|  |  | 1. Stock is returned to the wholesaler that supplied the medicines and poisons and NOT the indent licensee. |
|  |  | 1. For human medicines, manufacturer recalls are managed according to the Australian Code of Good Wholesaling Practice for Medicines in Schedules 2, 3, 4 & 8 |
|  | | |
|  |  | **SOP** for **recording transactions** and **keeping records** involving medicines and poisons in accordance with the Medicines and Poisons legislation, including records security and retention. SOP must support the following requirements: |
|  |  | 1. Records are kept securely, only accessible to authorised persons and are readily available to the WA Department of Health for inspection. |
|  |  | 1. A record of the medicines and poisons, the indent licensee has directed the wholesaler to supply is:    * Made on the day the indent licencee directs the wholesaler to supply the medicines or poisons. and    * Includes the following details:  * The date when the medicines and poisons are to be supplied /delivered. * The name, quantity, strength, and form of the medicine and poison to be supplied. * The name and address of the business to whom the medicines and poisons are to be supplied. * The name and address of the wholesaler who has been directed to supply the medicines and poisons. * The Licence or Licence number of the purchaser and the Wholesale Licence number of the supplier. * The reference number on the invoice or other document evidencing the supply. |
|  |  | 1. Records for the direction to supply medicines in Schedule 2, 3, and 4 are kept for a minimum of 2 years and for medicines in Schedule 8 and poisons in Schedule 7, records are kept for a minimum of 5 years. |
|  | | |

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| --- | --- | --- | --- | --- | --- |
| Change of business or trading | | | | | |
| Complete this Section if the business or trading name will change without any change in legal entity.  If there is a change in ownership, an application for a new Licence is required. | | | | | |
| **14.1** | **Previous business or trading name:** | |  | |  |
|  | New business or trading name: |  | | |  |
| **14.2** | **Attach** a copy of the Current and Historical Business Name Extract from ASIC | | | |  |
|  | Australian Business Number (**if** applicable): | | |  |  |
|  | | | | |  |

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| --- | --- | --- |
| Variation in the activities undertaken under the Licence | | |
| Please describe the proposed change in the way the indent business will be operating: | | |
|  |  |  |
|  |  |  |
| Note: Some variations in the conditions of use will require a new application and issue of a different Licence type. | | |

**PART 1: APPLICATION to change an INDENT LICENCE**

**Changes with a fee**

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| Declaration by Licence holder | | | | | | | | | | |
| This declaration relates to the application to change the Licence and must be signed by the individual Licence holder, or if the Licence is issued to a corporation or partnership, the declaration must be signed by a corporate officer of partner.  Please refer to instruction number 11 for information on acceptable signatures. | | | | | | | | | | |
| I am the: | | | current Licence holder | | | incoming Licence holder | | | | |
|  | | | the corporate officer or partner who signed the original Licence application. | | | | | | | |
| **If the current Licence holder cannot sign please provide the reason:** | | | | | | | | | | |
|  |  | | | | | | | |  | |
|  |  | | | | | | | |  | |
|  |  | | | | | | | |  | |
| I (provide full name): | | | | |  | | | |  | |
| of (provide full address): | | | | |  | | | |  | |
| hereby declare: | | | | | | | | | | |
|  | | The information contained in this application form is true and correct | | | | | | | | |
|  | | I am aware that penalties apply under the *Medicines and Poisons Act 2014* for providing false or misleading information in this application. | | | | | | | | |
| Signature of applicant: | | | |  | | | Date: |  | |  |
|  | | | |  | | |  |  | |  |

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# PART 2: PERSONAL INFORMATION: new LICENCE HOLDER

**Part 2** assesses identification, fitness and probity of the Licence holder.

If the new Licence holder is an individual person, all sections of Part 2 must be completed.

If the Licence is held by a corporation or partnership, and there is a new corporate officer or partner, all sections of Part 2 except Sections 18 and 19 must be completed by each new corporate officer or each new partner.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Identification of new Licence holder, corporate officer or partner | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **17.1 Personal Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title: | |  | | | Forename/s: | | | | |  | | | | Surname: | | | |  | | | Date of birth: | | | |  | | | | |  | |
| Address: | | | |  | | | | | | | | Suburb: | | | |  | | | | | | | Postcode: | | |  | | |  | |
| Postal address: | | | | | |  | | | | | | | Suburb: | | | |  | | | | | | | Postcode: | | |  | |  | |
| Mobile number: | | | | | | |  | | | | | | | | Email: | | | |  | | | | | | | | | |  | |
| Position in business: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | |
| **17.2 Certified true copy of a photographic identification document** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ATTACH** a certified 1 copy of a WA State Government or Australian Government issued photographic identification document such as drivers Licence or passport. Non-government issued identification documents will not be accepted. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1Copy of photographic identification document must be certified as a true copy by a person authorised to witness statutory declarations (see Appendix A for a list of persons authorised to certify a true copy) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **17.3 Role in relation to the Licence** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | the individual who will be the new Licence holder on behalf of the business. Complete remainder of Part 2. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | a new corporate officer. Type of corporate officer: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | Director | | | | | | General Manager | | Company secretary | | | | | | | | | CEO | | CFO | | | | | | COO | | | |
|  |  | | Complete Sections 20,21,22 and 23 of Part 2 and **attach** a CV1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | a new partner | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | Complete Sections 20,21,22, and 23 of Part 2 and **attach** a CV1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | 1A new **corporate officer or partner must provide a CV and qualifications.** These will be used to assess whether the corporate officer or partner meets the requirements of the *Medicines and Poisons ACT 2014.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| Qualifications and experience of new individual Licence holder |
| Complete this section if you are an individual person applying to be the new Licence holder.  Do not complete this section, if the Licence has been issued to a corporation or partnership. |
| Refer to instruction number 6 for information on the requirements for being an individual Licence holder. |
| **18.1 Please** **attach** copies of:   * any qualifications relevant to managing an indent business **and** * CV demonstrating your suitability as a Licence holder. |
| You may also be asked to provide extra information regarding your qualifications and experience. |

**PART 2: PERSONAL INFORMATION: new LICENCE HOLDER**

|  |  |  |  |
| --- | --- | --- | --- |
| Authority, access, standard operating procedures (SOPs) | | | |
| Complete this section if you will be the new individual Licence holder.  Do **not** complete this section, if the Licence holder is a corporation or partnership. | | | |
| Please check to confirm that as the new Licence holder, you will have authority within the business to determine policies and procedures in relation to managing the indent business. | | | |
| Please check to confirm that you will always have access to the ordering systems and records at all premises. | | | |
| Please check to confirm that only yourself, responsible person or other authorised employees of the business will have unsupervised access to the ordering systems and records. | | | |
| As the new Licence holder, will all SOPs and management of the indent business remain unchanged? | | | |
| Yes | | | |
| No: please describe how the SOPs and management of the indent business will change. | | | |
|  | |  |  |
|  | |  |  |
|  | | | |
| **19.1 Confirmation of Standard Operating Procedures (SOPs) by new Licence holder** | | | |
| As the new Licence Permit, confirmif the indent business has the following SOPs at all premises: | | | |
|  | **SOP** for authorising staff to **access** **ordering systems/records** and to process orders. SOP must support the following requirements: | | |
| 1. Staff training for recording and processing orders of human medicines aligns with the recommendations of the Australian Code of Good Wholesaling Practice for Medicines in Schedules 2, 3, 4 & 8. | | | |
| 1. Staff training for recording and processing orders of Schedule 7 aligns with the *Medicines and Poisons Act 2014* and Regulations 2016, if indenting Schedule 7 poisons. | | | |
| 1. Computer system is accessible to authorised persons only and system users are trackable. | | | |
|  | | | |
|  | **SOP** for ensuring medicines or poisons are only **supplied by** businesses holding an appropriate Licence under the *Medicines and Poisons Act 2014* and Regulations 2016. SOP must support the following requirements | | |
| 1. The indent licencee keeps a copy of the Licence (Wholesale or Schedule 7 Retail) held by the business that will supply the medicines or poisons. | | | |
| 1. Wholesale or Schedule 7 Retail Licence is checked to ensure:  * It includes the medicines and poisons requested by the purchaser * The address from which the medicines or poisons are supplied is listed on the suppliers Licence * There are no breaches to the conditions listed on the suppliers Licence * The suppliers Licence is current | | | |
|  | | | |
|  | **SOP** for ensuring medicines or poisons are only **received by** businesses holding an appropriate Licence or Permit under the *Medicines and Poisons Act 2014* and Regulations 2016. SOP must support the following requirements: | | |
| 1. The indent licencee keeps a copy of the Licence or Permit held by the business that will receive the medicines or poisons. | | | |
| 1. Licences and Permits are checked to ensure:  * It includes the medicines and poisons requested by the purchaser * Quantity ordered is not greater than the quantity listed on the purchaser’s Licence or Permit * The delivery address is listed as a premises on the purchaser’s Licence or Permit * There are no breaches to the conditions on the purchaser’s clients Licence or Permit * Purchaser’s Licence or Permit is current. | | | |
| Section 19.1 continues next page | | | |

**PART 2: PERSONAL INFORMATION: new LICENCE HOLDER**

|  |  |
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| As the new Licence Permit, confirmif the indent business has the following SOPs at all premises: | |
|  | **SOP** for ensuring **clients** have **received** the medicines or poisons they have ordered and reporting medicines or poisons lost or stolen in transit to the Department of Health. SOP must support the following requirements: |
| 1. Informing client when order has been processed and provide an estimated time of arrival. | |
| 1. Requesting a copy of signed delivery receipt. | |
|  | |
|  | **SOP** for dealing with customer return of **unwanted/unused stock**, receipt of **substandard stock** and **manufacturer recalls**. SOP must support the following requirements: |
| 1. Stock is returned to the wholesaler that supplied the medicines and poisons and NOT the indent licensee. | |
| 1. For human medicines, manufacturer recalls are managed according to the Australian Code of Good Wholesaling Practice for Medicines in Schedules 2, 3, 4 & 8 | |
|  | |
|  | **SOP** for **recording transactions** and **keeping records** involving medicines and poisons in accordance with the Medicines and Poisons legislation, including records security and retention. SOP must support the following requirements: |
| 1. Records are kept securely, only accessible to authorised persons and are readily available to the WA Department of Health for inspection. | |
| 1. A record of the medicines and poisons, the indent licensee has directed the wholesaler to supply is:  * Made on the day the indent licencee directs the wholesaler to supply the medicines or poisons. and * Includes the following details: * The date when the medicines and poisons are to be supplied /delivered. * The name, quantity, strength, and form of the medicine and poison to be supplied. * The name and address of the business to whom the medicines and poisons are to be supplied. * The name and address of the wholesaler who has been directed to supply the medicines and poisons. * The Licence or Licence number of the purchaser and the Wholesale Licence number of the supplier. * The reference number on the invoice or other document evidencing the supply. | |
| 1. Records for the direction to supply medicines in Schedule 2, 3, and 4 are kept for a minimum of 2 years and for medicines in Schedule 8 and poisons in Schedule 7, records are kept for a minimum of 5 years. | |

|  |  |  |
| --- | --- | --- |
| Prior permits/licences for medicines/poisons | | |
| To be completed by a new Licence holder, new corporate officer or new partner | | |
| **20.1** | Have you (or a company of which you were a corporate officer or a partner) previously held a Permit or Licence, under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory, that was suspended or cancelled? | |
|  | No | |
|  | Yes: please provide details of the Permit or Licence number, the name of the business, when the cancellation or suspension occurred, the reason for the cancellation or suspension and which state or territory the cancellation or suspension occurred in: | |
|  |  |  |
|  |  |  |
|  |  |  |
|  | | |
| **20.2** | Have you (or a company of which you were a corporate officer) ever been refused a Permit or Licence under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory? | |
|  | No | |
|  | Yes: please provide details of the name of the business, what type of Permit or Licence you applied for, why your application was refused and which state or territory the refusal occurred in: | |
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**PART 2: PERSONAL INFORMATION: new LICENCE HOLDER**

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| --- | --- |
| Criminal check and NPC for new Licence holder, corporate officer or partner | |
| To be completed by the nominated individual Licence holder, each corporate officer or each partner. | |
| **21.1** | **Offences under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory** |
|  | Have you ever been convicted of, or are there charges pending for an offence under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory? |
|  | No |
|  | Yes: you must **attach** full details in the form of a Statutory Declaration. Your declaration must include the:   * Name of the court including state/territory or country, all relevant dates and any sentences received * The nature of the alleged offence and circumstances surrounding the offences |
| **21.2** | Please **attach** a copy of your National **Police Clearance (**NPC), which is less than 12 months old. |
| **21.3** | Have you been convicted of, or have charges pending for indictable1 offences since the date on your NPC? |
|  | No |
|  | Yes: you must **attach** full details in the form of a Statutory Declaration. Your declaration must include the:   * Name of the court including state/territory or country, all relevant dates and any sentences received * The nature of the alleged offence and circumstances surrounding the offences |
|  | 1 Minor traffic offences are not classified as indictable offences |
|  | |

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| Financial resources of new Licence holder, corporate officer or partner | | | | | |
| To be completed by a new Licence holder, new corporate officer or new partner | | | | | |
| **22.1** | Have you been declared bankrupt or a debtor under any bankruptcy law? | | | | |
|  | No | | | | |
|  | Yes: What date was/will your bankruptcy be discharged? |  | |  | |
| **22.2** | Have you ever been a corporate officer of a company that was wound up or subject to an application for, or placed in, receivership or liquidation? | | Yes | | No |
|  | | | | | |

**PART 2: PERSONAL INFORMATION: new LICENCE HOLDER**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Declaration by new Licence holder, corporate officer or partner | | | | | | | |
| This declaration must be signed by the new individual Licence holder, corporate officer or partner and is about personal information and includes probity check consent.  Please refer to instruction number 11 for information on acceptable signatures. | | | | | | | |
|  | In accordance with Section 39 of the *Medicines and Poisons Act 2014,* I give consent to the Western Australian Department of Health to carry out all relevant searches to determine my fitness and probity in relation to holding an Indent Licence. These searches may include (without limitation) corporate searches, checks with health professional registration boards (including registration status and release of information on any current or ongoing investigations) and criminal record checks. I also understand I may be requested to provide further information relevant to determining fitness and probity. | | | | | | |
|  | I am at least 21 years of age. | | | | | | |
|  | The information contained in this application form is true and correct. | | | | | | |
|  | I am aware there are penalties under the *Medicines and Poisons Act 2014* for providing false or misleading information. | | | | | | |
|  | I am aware of my responsibility or the responsibility of the body corporate (if applicable) for the safe management of the ordering systems and transaction records and will ensure compliance with the *Medicines and Poisons Act 2014* and Medicines and Poisons Regulations 2016, and compliance with conditions placed on the Licence. | | | | | | |
|  | I will notify the Department of Health **if** I leave the employment of the business or I am no longer a corporate officer of the company that holds the Licence. | | | | | | |
| Signature: | |  | Name: |  | Date: |  |  |
|  | | | | | | | |

# PART 3: PERSONAL INFORMATION: new RESPONSIBLE PERSON

**Part 3** must be completed by a new responsible person: assesses identification, fitness and probity

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Identification of new responsible person | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The role of the responsible person is to manage the indent business on a day to day basis and be the contact person, if the Licence holder is not available.  Refer to instruction number 7 for information on the requirements for being a responsible person for a premises. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **24.1** Is the new responsible person, also the Licence holder or responsible for another premises listed on the Licence? | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Yes: Confirm name: | | | | | | | Title: | |  | Forename/s: | | | |  | | | | Surname: | | |  | | |  | |
|  | | There is no requirement to complete Part 3. | | | | | | | | | | | | | | | | | | | | | | | | |
|  | No: complete all of Part 3. | | | | | | | | | | | | | | | | | | | | | | | | | |
| **24.2 Personal details of responsible person** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Title: | |  | Forename/s: | | | | |  | | | | Surname: | | | |  | | | Date of birth: | | | |  | |  |
|  | Postal Address: | | | |  | | | | | | | Suburb: | | | |  | | | | | Postcode: | |  | | |  |
|  | Mobile number: | | | | |  | | | | | | | | Email: | | | |  | | | | | | | |  |
|  | Position in business: | | | | | |  | | | | | | | | | | | | | | | | | | |  |
| **24.3 Certifiedtrue copy of a photographic identification document** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **ATTACH** a certified 1 copy of a WA State Government or Australian Government issued photographic identification document such as drivers’ licence or passport. Non-government issued identification documents will not be accepted. | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 1 Copy of photographic identification document must be certified as a true copy by a person authorised to witness statutory declarations (see Appendix A for a list of persons authorised to certify a true copy). | | | | | | | | | | | | | | | | | | | | | | | | | |

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| Qualifications and experience of new responsible person |
| Refer to instruction number 7 for information on the requirements for being a responsible person for a premises. |
| **25.1** Please **attach** copies of:   * any qualifications relevant to managing an indent business **and** * CV demonstrating your suitability as a responsible person. |
| **25.2 Requirements for being a responsible person for an indent Licence** |
| You may also be asked to provide extra information regarding your qualifications and experience. |

**PART 3: PERSONAL INFORMATION: new RESPONSIBLE PERSON**

|  |  |  |
| --- | --- | --- |
| Prior permits/licences for medicines/poisons held by responsible person | | |
| **26.1** | Have you (or a company of which you were a corporate officer or a partner) previously held a Permit or Licence, under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory, that was suspended or cancelled? | |
|  | No | |
|  | Yes: please provide details of the Permit or Licence number, the name of the business, when the cancellation or suspension occurred, the reason for the cancellation or suspension and which state or territory the cancellation or suspension occurred in: | |
|  |  |  |
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|  |  |  |
|  | |  |
| **26.2** | Have you (or a company of which you were a corporate officer) ever been refused a Permit or Licence under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory? | |
|  | No | |
|  | Yes: please provide details of the name of the business, what type of Permit or Licence you applied for, why your application was refused and which state or territory the refusal occurred in: | |
|  |  |  |
|  |  |  |
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| **Criminal check** and NPC for new responsible person | |
| **27.1** | **Offences under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory** |
|  | Have you ever been convicted of, or are there charges pending for an offence under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory? |
|  | No |
|  | Yes: you must **attach** full details in the form of a Statutory Declaration. Your declaration must include the:   * Name of the court including state/territory or country, all relevant dates and any sentences received * The nature of the alleged offence and circumstances surrounding the offences |
| **27.2** | Please **attach** a copy of your **National Police Clearance certificate** (NPC) which is less than 12 months old**.** |
| **27.3** | Have you been convicted of, or have charges pending for indictable1 offences since the date shown on your NPC? |
|  | No |
|  | Yes: you must **attach** full details in the form of a Statutory Declaration. Your declaration must include the:   * Name of the court including state/territory or country, all relevant dates and any sentences received * The nature of the alleged offence and circumstances surrounding the offences |
|  | 1 Minor traffic offences are not classified as indictable offences |

**PART 3: PERSONAL INFORMATION: new RESPONSIBLE PERSON**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Declaration by new responsible person | | | | | | |
| This declaration must be signed by the new responsible person and includes probity check consent.  Please refer to instruction number 11 for information on acceptable signatures. | | | | | | |
| 1. I acknowledge my role is to manage the indent business on a day to day basis and be the contact person, if the Licence holder is not available. | | | | | | |
| 1. I give consent to the Western Australian Department of Health to carry out all relevant searches to determine my fitness and probity to be named as the responsible person on the Indent Licence. These searches may include (without limitation) corporate searches, and criminal record checks. I also understand I may be requested to provide further information relevant to determining fitness and probity. | | | | | | |
| 1. I am at least 21 years of age. | | | | | | |
| 1. The information contained in this application form is true and correct. | | | | | | |
| Signature: |  | Name: |  | Date: |  |  |
|  | | | | | | |

# PART 4: PAYMENT and CHECKLIST

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Payment (where required) | | | | | | | | | | | | | | | | | | |
| **Fee: $85** | | | | | | | | | | | | | | | | | | |
| 1. | Credit Card – American Express and Diners not accepted | | | | | | | | | | | | | | | | | |
|  | Card type: | MasterCard | | | | | | Visa | | | | | | | | | | |
|  | Name on card: | |  | | | | | | | Card number: |  | | | | | | |  |
|  | Expiry date: | |  | | | | Amount:  **$85** | | | | | | | | | | | |
|  | Signature of cardholder: | | | |  | | | | | | | | | Date: | |  |  | |
|  | | | | | | | | | | | | | | | | | | |
| 2. | Direct debit | | | | | | | | | | | | | | | | | |
|  | **Please quote Licence number and business name in the reference when making a direct debit payment** | | | | | | | | | | | | | | | | | |
|  | Bank: Commonwealth Bank: | | | | | **BSB**: 066 040 | | | **Account number:** 13300018 | | | | Amount: **$85** | | | | | |
|  | Receipt Number: | | |  | | | | | | | | Payment date: | | |  | |  | |
|  | | | | | | | | | | | | | | | | | | |
| 3. | Cheque or money order – made payable to DEPARTMENT OF HEALTH | | | | | | | | | | | | | | | | | |

**Please keep a copy of the completed application from for reference**

Please email completed form and other requested documentation to: [mprb@health.wa.gov.au](mailto:mprb@health.wa.gov.au)

|  |
| --- |
| **A fee of $85 is payable** for the following types of changes to an Indent Licence   * Change of individual Licence holder (no change of ownership of the business) * Change of a corporate officer (only for Licences issued to a body corporate and not an individual person) * Addition of certain scheduled medicines or poisons to the Licence * Relocation of an existing premises to a new location * Addition of a new premises to the Licence * Change of business or trading name without changing legal entity (no change of ownership) * Variation in the activities undertaken under the Licence |
| **Note: if making multiple changes, only pay one fee of $85** |
| **Fees are not payable** for the following type of changes to an Indent Licence:   * Change of postal address and other contact details * Change to a person responsible for a premises * Removal of a premises from the Licence * Removal of certain scheduled medicines or poisons from the Licence * Upgrading storage or security |

**PART 4: PAYMENT and CHECKLIST**

|  |  |
| --- | --- |
| Checklist | |
| Please ensure all the appropriate requested documentation is attached for: | |
| **Part 1 Application to change an Indent Licence** | |
|  | If changing a responsible person for a premises: completed Part 3: Personal Information (Section 3.1) |
|  | If changing a individual Licence holder: completed Part 2: Personal Information (Section 7) |
|  | If changing a corporate officer/partner: completed Part 2: Personal Information (Section 8.1) |
|  | If changing a corporate officer/ partner: copy of the Current and Historical Company Extract from ASIC (Section 8.3) |
|  | If a premises is relocated or a new premises is added to the Licence, and the responsible person is not responsible for any other premises or is not the Licence holder: completed Part 3: Personal Information-Form(Section 12.1) |
|  | If applicable, evidence of local government approval to operate the business from the premises(Section 12.2.1) |
|  | If there is a change of business or trading name without a change of legal entity: copy of the Current and Historical Business Name Extract from ASIC (Section 14.2) |
|  | Declaration signed and dated by Licence holder, corporate officer or partner (Section 16) |
| **Part 2: Personal information, fitness and probity for new Licence holder, corporate officer or partner** | |
|  | Copy of photographic identification which must be certified as a true copy by a person authorised to witness statutory declarations (Section 17.2). See Appendix A for a list of persons authorised to witness a signature |
|  | If there is a new corporate officer or partner, attach a CV and qualifications for each new corporate officer or partner (Section 17.3) |
|  | If the new Licence holder is an individual person, attach copies of qualifications and CV. (Section 18.1) |
|  | If applicable, a Statutory Declaration relating to an offence under the *Medicines and Poisons Act 2014* or a repealed corresponding law or corresponding law in another state or territory (Section 21.1) |
|  | A copy of the NPC Certificate which is not more than 12 months old (Section 21.2) |
|  | If applicable, a Statutory Declaration relating to an indictable offence since the date on the NPC. (Section 21.3) |
|  | Declaration signed and dated by new Licence holder, corporate officer or partner (Section 23) |
| **Part 3: Personal information, fitness and probity for new responsible person** | |
|  | Copy of photographic identification which must be certified as a true copy by a person authorised to witness statutory declarations (Section 24.3). See Appendix A for a list of persons authorised to witness a signature |
|  | Copies of qualifications and CV. (Section 25.1) |
|  | If applicable, a Statutory Declaration relating to an offence under the *Medicines and Poisons Act 2014* or a repealed corresponding law or corresponding law in another state or territory (Section 27.1) |
|  | A copy of the NPC Certificate which is not more than 12 months old (Section 27.2) |
|  | If applicable, a Statutory Declaration relating to an indictable offence since the date on the NPC. (Section 27.3) |
|  | Declaration signed and dated by new responsible person (Section 28) |
| **Part 4: Declaration and Payment** | |
|  | Payment details completed with correct signature if paying by credit card (Section 29) |

# PART 5: APPENDIX

# 

### Appendix A: Certifying true copies of photographic identification

Suggested wording for certification is as follows:

I certify that this appears to be a true copy of the document produced to me on <date>

Signature

Name

Profession or occupation group

| **Persons who can certify documents** | |
| --- | --- |
| Academic (tertiary institution) | Medical practitioner |
| Accountant | Member of Parliament |
| Architect | Minister of religion |
| Australian Consular Officer | Nurse |
| Australian Diplomatic Officer | Optometrist |
| Bailiff | Patent attorney |
| Bank manager | Pharmacist |
| Chartered secretary | Physiotherapist |
| Chiropractor | Podiatrist |
| Company auditor or liquidator | Police officer |
| Court officer (judge, master, magistrate, registrar or clerk) | Post Office manager |
| Defence Force officer | Psychologist |
| Dentist | Public servant |
| Engineer | Public notary |
| Industrial organisation secretary | Real Estate agent |
| Insurance broker | Settlement agent |
| Justice of the Peace | Sheriff or deputy Sheriff |
| Lawyer | Surveyor |
| Local government CEO or deputy CEO | Teacher |
| Local government councillor | Tribunal officer |
| Loss adjuster | Veterinarian |
| Marriage celebrant |  |