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|  | Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. |
| **I hereby apply under the provisions of the *Medicines, Poisons and Therapeutic Goods Act* 2012 to possess and use a scheduled substance. In support of my application I submit the following information:** |
| Application Type |
| Name and Schedule of Substance(s) |
| Applicant Details |
| Full Name of Applicant |  |
| Date of Birth |  / / |
| Occupation |  |
| Professional Qualifications |  |
| Residential Address |  |
| Postal Address |  |
| Phone Number |  | **Fax Number** |  |
| Mobile Number |  | **Email Address** |  |
| Attach copy of driver licence or other official photographic ID |
| Details of Business |
| Business Trading Name |  |
| Name Of Owner(s) |  |
| Australian Company Number (ACN) if relevant  |  |
| Nature Of Business |  |
| Business Address (if more than one premises, show all addresses) |  |
| Business Postal Address |  |
| Phone Number |  | **Fax Number** |  |
| Mobile Number |  | **Email Address** |  |
| Name of Business Contact |  |
| Purpose for which substance is required |  |
| Storage: Specify where on the premises the substance(s) will be stored and a brief description of security arrangements. |  |
| I Declare I have attached the following:  |
| A copy of Driver Licence or other official photographic ID.Photograph(s) of storageA copy of usage register for each substance.A copy of the Standard Operating Procedure governing use of each substance, and safety procedures.Letter from employer or sponsoring organisation endorsing procedure and supporting application.An ‘Exit Strategy’ which covers what happens to the substance when the substance is no longer required, close of business, or authorised person leaves employment.  |
| For Veterinary Use |
| Letter from Supervising Veterinarian endorsing procedures and supporting application. |
| Training record stating competency in the use of the medication requested. |
| Declaration |
| **I understand that the holder of this authorisation must comply with the provisions of the *Medicines, Poisons and Therapeutic Goods Act* 2012 and Regulations, and is responsible for the control and use of substance(s) on the authorisation.** **Signature of Applicant Date / /20**  |
|  Payment Details |
| **Attach cheque or copy of receipt. All queries on payment methods are to be referred to the Receiver of Territory Monies (RTM) on (08) 8999 1606.** ****Cheque (payable to Receiver of Territory Monies)Payment by Credit Card (please call RTM (08) 8999 1606 for all credit card payments) |
| **Amount Paid** |  | **Receipt Number** |  | **Date of Payment**  |  **/ /20** |
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