|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 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** |
|  | | | | | | | | | | |