Stockfeed Manufacture Permit

Application Form

*Medicines and Poisons Act 2014*

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| INSTRUCTIONS and INFORMATION  |
|  | This application form is for a new **Stockfeed Manufacture Permit** for a stockfeed business to purchase antibiotics or certain other Schedule 4 medicines to add to stockfeed, on the order of a veterinarian. This application form **MUST** be completed by the nominated applicant who will be:* the individual permit holder or
* a corporate officer, if the permit is being issued to a body corporate or
* a partner, if the permit is to be issued to a partnership

The applicant must be suitably qualified and understands the requirements and terminology contained in this application form.**All communication will ONLY be with the nominated Permit holder, corporate officer or partner.**To request a change to an existing permit, please complete an Application to Change a Stockfeed Permit, found at: [Application forms for Licences and Permits](https://ww2.health.wa.gov.au/Articles/A_E/Application-forms-for-Licences-and-Permits)There are five parts to this form:Part 1: Application form for a Stockfeed Manufacture Permit.Part 2: Personal Information: Identification, Fitness and Probity (PIF) to be completed by the nominated applicant.Part 3: Personal Information: Identification, Fitness and Probity (PIF) to be completed by the nominated responsible person.Part 4: Payment and checklist.Part 5: Appendix  |
|  | **Permit holder and qualifications and/or experience****2.1** **Permits can be issued to:**1. Individual applicants who:
* must complete Part 2: Personal Information: Identification, Fitness and Probity and sign the declaration at Section 12.
* must have a relevant qualification and/or experience handling Schedule 4 antibiotics and
* must have authority within the business to determine policies and procedures in relation to handling Schedule 4 antibiotics.

**or**1. Body corporate (corporation) or partnership where:
	* each corporate officer (directors, company secretary, chief executive officer, general manager and chief financial officer) or partner must complete Part 2: Personal Information: Identification, Fitness and Probity. and sign the declaration at Section 12.

**2.2 Permits issued to a corporation or partnership**The corporation or partnership: * must always employ a person with a relevant qualification and/or experience managing the Schedule 4 antibiotics on the permit and
* this person must have authority within the business to determine policies and procedures in relation to handling Schedule 4 antibiotics on the permit.

**2.3 Permit holder responsibilities**If the Permit is issued, it is the responsibility of the applicant (Permit holder) to ensure compliance with the Medicines *and Poisons Act 2014* and Regulations 2016 and any conditions placed on the Permit.The Permit 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 Permit for every premises listed on the Permit. The Department may request further information in relation to this capacity.The Permit holder should review standard operating procedures used by the organisation to check they are consistent with the mandatory requirements of the legislation and any conditions placed on the Permit.There are penalties under the Act for providing false or misleading information when applying for a Permit.  |

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|  | **Person responsible for a premises and qualifications and/or experience.**An individual person must also be nominated to have overall responsibility for each premises to be included on the Permit. The role of the responsible person is to manage the Schedule 4 antibiotics on a day to day basis and be the contact person if the Permit holder is not available. The responsible person for a premises must:* be employed or contracted by the Permit holder
* reside in WA
* complete Part 3: Personal Information: Identification, Fitness and Probity
* sign the declaration at Section 17.

**3.1** **Responsible person for a Permit issued to an individual person:** The responsible person for a premises when a Permit is issued to an individual person can be:1. the Permit holder, only if, the permit is issued to an individual person and not a corporation or partnership

**or** 1. the most senior person at the premises with qualifications/training/experience in handling the Schedule 4 antibiotics on the Permit.
	1. **Responsible person for a Permit issued to a corporation or partnership**

The responsible person for a premises when a Permit is issued to a corporation or partnership can be: 1. the most senior person at the premises with qualifications/training/experience in managing the Schedule 4 antibiotics

**or**1. the person within the corporation or partnership who has relevant qualifications / training / experience in managing the Schedule 4 antibiotics on the Permit and has authority to determine policies and procedures in relation to managing the Schedule 4 antibiotics. Refer to 2.2

Please note: a responsible person must consider whether they have capacity to oversee the day to day management of antibiotics 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. |
|  | **Schedule 4 antibiotics and other medicines** Most stockfeed manufacture businesses only require Schedule 4 antibiotics, however there are instances when certain other scheduled medicines may be required. Applicants who also require other Schedule 4 medicines for exactly the same purpose, with the same persons having access at the same premises may include these medicines on their application, even though this form only refers to antibiotics. |
|  | **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 drivers 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 hand writing will not be accepted.The nominated Permit holder must sign the Declaration. If the Permit will be held by a corporation or partnership, a corporate officer or partner must sign the Declaration for a new Permit at Section 6. |

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|  | **Issuing a Permit**Applying for a Permit does not guarantee a Permit will be issued. An application must be deemed complete and payment received before the application is sent to the approvals team where a desktop risk assessment is conducted by an authorised officer.The Department assesses each application individually and may decide against issuing a Permit. If the Permit is issued:* it will expire 1 year after the date of issue,
* a renewal application will be mailed to the postal address approximately 2 months prior to expiry.
	+ It is the Permit holder’s responsibility to inform the Department if the postal address changes.

If the Permit is not issued:* the applicant will be provided with details of the reasons in writing,
* the yearly Permit fee will be refunded,
* the application fee is non-refundable.
 |
|  | **Processing applications** Applications will be processed in order of receipt after payment has been processed by Finance, provided the required fee has been paid. 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,
* Make sure appropriate staff are available if the Department needs to conduct a premises inspection,
* Please do not submit your application as a digital image (photograph).
 |
|  | **Extra information**When applying for a Permit please 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 |
| **Incomplete applications may be delayed or returned to the applicant** |
| **Please keep a copy of the completed application form for reference** |

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| PART 1: APPLICATION for a STOCKFEED MANUFACTURE PERMIT |

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| Details of applicant (nominated Permit holder) |
| Refer to instruction number 2 for information on the requirements for being a Permit holder. |
| Name of Legal Entity (may be different to business or trading name): |       |  |
| Business or trading name:  |       |  |
| Type of Permit (tick which one applies): |
| [ ]  Individual person (on behalf of a business). Complete section 1.1 and 1.3 to 1.6 |
| [ ]  Body Corporate (corporation) or partnership. Complete Section 1.2 and 1.3 to 1.6 |
| **1.1** | **Permit to be issued to an individual person** (on behalf of a business) |
|  | Title: |        | Forename/s: |        | Surname: |        |  |
|  | Postal address: |        | Suburb: |        | Postcode:  |        |  |
|  | Telephone: |        | Fax: |        | Email: |        |  |
|  | Position in business: |       |  |
|  | The applicant **must complete Part 2**: Personal Information: Identification, Fitness and Probity. |
| **1.2** | **Corporation or partnership.** Tick which one applies |
|  | [ ]  | **Corporation** |
|  |  | Each corporate officer: directors, company secretary, chief executive officer, general manager and chief financial officer must complete Part 2: Personal Information: Identification: Fitness and Probity; and |
|  |  | 1.2.1 **Attach** a copy of Current Company Extract from ASIC (with details of company directors and secretary) |
|  | [ ]   | **Partnership** |
|  |  | Each partner **must complete Part 2:** Personal Information: Identification: Fitness and Probity. |
|  | Section 2 must be completed if the Permit is to be issued to a corporation or partnership. |
| **1.3** | **Business/Trading name** |
|  | **If** the business has a Business/Trading Name, **attach** a copy of certificate of Record of Registration for Business Name or Current Business Name Extract (from Australian Securities and Investment Commission [ASIC]). |
| **1.4** | **Australian Business Number**:  |       |  |
| **1.5** | **Australian Company Number** (ACN) or Australian **Registered Body Number** (ARBN), if applicable: |  |
|  |       |  |
| **1.6** | **Registered business address of applicant:** |
|  | [ ]   | Same as postal address shown above or: |
|  | Address: |       | Suburb:  |       | Postcode:  |       |  |
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| Permits issued to a corporation or partnership |
| Is the applicant a corporation or partnership? |
| [ ]  No | [ ]  Yes: complete remainder of Section 2 |
| [ ]  Yes: complete Section 2.1 and 2.2 |
| **2.1** [ ]  **Check** to confirm the corporation or partnership always employs a person who has: |
|  | * a relevant qualification and/or experience handling the Schedule 4 antibiotics on the Permit
* authority within the business to determine policies and procedures in relation to handling the antibiotics.
 |
| **2.2** | **Name of current employee:** |
|  | Title: |       | Forename(s): |       | Surname: |       |  |
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| **PART 1: APPLICATION for a STOCKFEED MANUFACTURE PERMIT** |

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| Premises and building security details |
| Section 3 must be completed for every premises listed on the Permit. |
| Is this premises being bought from another stockfeed manufacture business? |
| [ ]  No  |
| [ ]  Yes: | Name of previous stockfeed manufacture business: |       |  |
|  | The Department requires the previous Permit holder at the relocated or new added premises to remove the premises from their Permit. The application to remove the premises from the previous Permit holder’s Permit must be received by the Department prior to adding the relocated or new added premises to your Permit. |
| **3.1**  | **Premises details** |
|  | Premises name (**if** applicable): |       |  |
|  | Premises address: |       | Suburb:  |       | Postcode:  |       |  |
|  | Telephone: |       | Fax: |       | Email: |       |  |
|  | Date of possession of the premises (settlement date/lease commencement/handover of building): |       |  |
|  | Note: Permit will be issued with “Valid from” date on or after this date |
| **3.2** | **Person responsible for premises** |
|  | Refer to instruction number 3 for information on the requirements for being a responsible person for a premises. |
|  | Title: |       | Forename(s): |       | Surname: |       |  |
|  | Nominated responsible person **must complete Part 3**: Personal Information: Identification, Fitness  |
| **3.3** | **Location of premises** |
|  |  [ ]  Commercial | [ ]  Industrial | [ ]  Rural |  |
|  |  [ ]  Other - please specify: |       |  |
|  | 3.3.1 Is local government approval required to operate a stockfeed business from the premises? |
|  |  | [ ]  | Yes: **attach** evidence of local government approval to operate your business from the premises |
|  |  | [ ]  | No: Local government may be asked to comment on applications which may increase processing time. |
| **3.4 Building security** |
|  | 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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**PART 1: APPLICATION for a STOCKFEED MANUFACTURE PERMIT**

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| Schedule 4 antibiotics required, storage and access |
| Section 4 must be completed for every premises listed on the Permit. |
| Name of antibiotic | Expected maximum concentration in stockfeed | Approximate quantity kept on hand |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|  |
| [ ]  | Please check to confirm that stockfeed containing Schedule 4 antibiotics will not be supplied without prior receipt of a written order from a veterinarian. |
| **4.1** **Storage and temperature monitoring of Schedule 4 antibiotics**  |
|  | 4.1.1 | Storage of non-refrigerated antibiotics (Please check which one applies) |
|  |  | [ ]  Locked room/shed  | [ ]  Locked cupboard |
|  | 4.1.2 | Will antibiotics requiring refrigeration be stored at the premises? |
|  |  | [ ]  No |
|  |  | [ ]  Yes: please check how the refrigerated antibiotics will be stored (Please check which one applies) |
|  |  |  | [ ]  Locked room/shed with refrigerator | [ ]  Locked refrigerator  |
|  |  | Please confirm how the temperature of refrigerated antibiotics will be monitored: |
|  |  | [ ]  Vaccine refrigerator with an inbuilt thermometer and data logger with downloadable data |
|  |  | [ ]  Normal refrigerator with temperature data logger with downloadable data  |
|  | Manual thermometers are not sufficient for continuous monitoring of refrigerated medicines.The temperature data logger:* must record multiple data points (not just maximum and minimum temperatures)
* must create an alarm if the temperature is outside the designated range.
 |
| **4.2 Record keeping** |
|  | [ ]  | Please confirm records of use of antibiotics will be kept for a minimum of two years. |
|  | [ ]  | Please check to confirm each order will be marked cancelled once it has been supplied. |
| **4.3 Access to Schedule 4 antibiotics**  |
|  | **[ ]**  | Please check to confirm that only authorised persons, i.e. individual Permit holders, responsible person or other authorised staff employed by the business will have unsupervised access to the antibiotics. |
| **4.4 Preventing access to Schedule 4 antibiotics** |
|  | 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 Schedule 4 antibiotics. |
|  |       |  |
|  |       |  |
| **4.5 Loss or theft of Schedule 4 antibiotics** |  |
|  | **[ ]**   | Please check to confirm any loss or theft of Schedule 4 antibiotics will be reported to MPRB as soon as reasonably practicable using the form found at: [Reporting loss or theft of medicines and poisons](https://ww2.health.wa.gov.au/Articles/N_R/Reporting-loss-or-theft-of-medicines-and-poisons) |
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**PART 1: APPLICATION for a STOCKFEED MANUFACTURE PERMIT**

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| Multiple premises  |
| Will antibiotics be stored at multiple premises under this Permit?  |
| [ ]  No |  |
| [ ]  Yes: complete Sections 5.1 and 5.2 |
| 5.1 Will the responsible person for the other premises be the same as the individual applicant or a person responsible for the premises named in Section 3.1? |
|  | [ ]  Yes |
|  | [ ]  No: Complete and Attach Part 3: Personal Information: Identification, Fitness for the nominated responsible person for the other premises. |
| 5.2 Complete and **attach** Sections 3 and 4 for all other premises, |
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| Declaration by applicant to obtain a Permit |
| This declaration relates to the application itself and must be signed by the individual applicant or if the Permit is being issued to a corporation or partnership, the declaration must be signed by one of the corporate officers or partners.Please refer to Instruction 6 for information on acceptable signatures. |
| 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:  |       |  |
| **Witnessed by:** |
|  |       |  |       |  |
| (Signature of Witness) | (Name of Witness) |

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| PART 2: PERSONAL INFORMATION: APPLICANT |

**Part 2** assesses identification, fitness and probity of the Permit holder. If the Permit holder is an individual person,all sections of Part 2 must be completed. If the Permit holder is a corporation or partnership all sections of Part 2 except Section 8 must be completed by each corporate officer or each partner.

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| Identification of applicant |
| Refer to instruction number 2, for information on the requirements for being a Permit holder. |
| **7.1 Personal Details** |
| Title: |     | Forename/s: |       | Surname: |       | Date of birth: |       |  |
| Address: |       | Suburb: |       | Postcode: |      |  |
| Postal address:  |       | Suburb: |       | Postcode: |      |  |
| Mobile number: |       | Email:  |       |  |
| Position in business: |       |  |
| **7.2 Certified true copy of a photographic identification document** |
| **ATTACH** a certified1 copy of a WA State Government or Australian Government issued photographic identification document such as driver’s 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). |
| **7.3 Role in relation to Permit**  |
|  | [ ]  | The individual who will hold the Permit on behalf of the business. Complete remainder of Part 2. |
|  | [ ]  | A corporate officer: only applicable if the Permit will be issued to a body corporate. Type of corporate officer: |
|  |  | [ ]  Director | [ ]  General Manager | [ ]  Company secretary | [ ]  CEO | [ ]  CFO | [ ]  COO |
|  |  | Complete Sections 9,10,11 and 12 in Part 2 and **attach** a CV1  |
|  | [ ]  | A partner: only applicable if the Permit will be issued to a partnership |
|  |  | Complete Sections 9,10,11 and 12 in Part 2 and **attach** a CV1 |
|  |  | 1The CV will be used to assess whether each corporate officer or partner meets the requirements of the *Medicines and Poisons ACT 2014.* |

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| Qualifications and experience of applicant applying as an individual person |
| Complete this section if you are an individual person applying for a Permit.Do not complete this section, if the Permit is being issued to a corporation or a partnership. |
| Refer to instruction number 2 for information on the requirements for being an individual Permit holder. |
| * 1. Please **attach** copies of:
* any qualifications or training relevant to managing Schedule 4 antibiotics in a Stockfeed Manufacture business **and**
* CV demonstrating your suitability as a Permit holder **or** describe your suitability as a Permit holder below.
 |
|  |       |  |
|  |       |  |
|  |       |  |
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| **8.2 Access to Schedule 4 antibiotics and authority within the business**  |
|  | **[ ]**   | Check to confirm that you will always have access to the antibiotics stored at the premises listed on the Permit. |
|  | **[ ]**  | Check to confirm that, you will have authority within the stockfeed business to determine policies and procedures in relation to managing the antibiotics listed on the Permit. |
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**Part 2: Personal information: Applicant**

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| Prior licences/permits for medicines/poisons held by applicant |
| To be completed by the nominated individual Permit holder, each corporate officer or each partner. |
| **9.1** | Have you (or a company of which you were a corporate officer or a partner) previously held a Licence or Permit, 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 Licence or Permit 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: |
|  |       |  |
|  |       |  |
|  |
| **9.2** | Have you (or a company of which you were a corporate officer) ever been refused a Licence or Permit 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 Licence or Permit you applied for, why your application was refused and which state or territory the refusal occurred in: |
|  |       |  |
|  |       |  |
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| Criminal check for applicant  |
| To be completed by the nominated individual Permit holder, each corporate officer or each partner. |
| 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
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| Financial resources of applicant |
| To be completed by the nominated individual Permit holder, each corporate officer or each partner. |
| **11.1** | Have you been declared bankrupt or a debtor under any bankruptcy law?  |
|  | [ ]  No |
|  | [ ]  Yes: What date was/will your bankruptcy be discharged? |       |  |
| **11.2** | 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 |
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**Part 2: Personal information: Applicant**

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| Declaration by applicant |
| This declaration must be signed by the applicant (individual applicant, corporate officer or partner) and includes probity check consent.Please refer to Instruction 6 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 a Stockfeed Manufacture Permit. 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 for the safe storage and use of antibiotics and other Schedule 4 medicines (if applicable) and will ensure compliance with the *Medicines and Poisons Act 2014* and Medicines and Poisons Regulations 2016, and compliance with conditions placed on the Permit. |
|  | I will notify the Department of Health if I am no longer employed by the stockfeed manufacture business, a corporate officer (if the applicant is a corporation) or a partner (if the applicant is a partnership) |
| Signature: |       | Name: |       | Date: |       |  |
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| PART 3: PERSONAL INFORMATION: RESPONSIBLE PERSON |

**Part 3** must be completed by the responsible person and assesses identification, fitness and probity

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| Identification of responsible person |
| The role of the responsible person is to manage the Schedule 4 antibiotics on a day to day basis and be the contact person, if the Permit holder is not available.  |
| Refer to instruction number 3 for information on the requirements for being a responsible person for a premises. |
| **13.1** Will the individual applicant applying to be Permit holder also be responsible for the premises named in Section 6.1? |
|  | [ ]  Yes: Confirm name: | Title: |       | Forename/s: |       | Surname: |       |  |
|  | There is no requirement to complete remainder of Part 3. |
|  | [ ]  No: complete all of Part 3. |
| **13.2 Personal details of responsible person**  |
|  | Title: |     | Forename/s: |       | Surname: |       | Date of birth: |       |  |
|  | Postal Address: |       | Suburb: |        | Postcode: |      |  |
|  | Mobile number: |       | Email: |       |  |
|  | Position in business: |       |  |
| **13.3 Certifiedtrue copy of a photographic identification document** |
|  | **ATTACH** a certified1 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 responsible person  |
| Refer to instruction number 3 for information on the requirements for being a responsible person for a premises. |
| * 1. Please **attach** copies of:
* any qualifications or training relevant to managing Schedule 4 antibiotics in a Stockfeed Manufacture business **and**
* CV demonstrating your suitability as a responsible person, **or** describe your suitability below:
 |
|  |       |  |
|  |       |  |
|  |       |  |
| **14.2** Will the Permit be issued to a corporation or partnership and not an individual person? |  |
|  | [ ]  No: Permit is being issued to an individual person |  |
|  | [ ]  Yes: Permit is being issued to a corporation or partnership: you may be asked to provide extra information regarding your qualifications / training /experience. |  |

**Part 3: Personal information: Responsible Person**

|  |
| --- |
| Prior licences/permits for medicines/poisons held by responsible person |
| **15.1** | Have you (or a company of which you were a corporate officer or a partner) previously held a Licence or permit, 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 Licence or permit 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: |
|  |       |  |
|  |       |  |
|  |       |  |
|  |
| **15.2** | 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: |
|  |       |  |
|  |       |  |
|  |       |  |
|  |

|  |
| --- |
| Criminal check for responsible person |
| 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
 |

|  |
| --- |
| Declaration by responsible person  |
| This declaration must be signed by the nominated responsible person and includes probity check consent.Please refer to Instruction 6 for information on acceptable signatures. |
| 1. I acknowledge my role is to manage the Schedule 4 antibiotics on a day to day basis and be the contact person, if the Permit 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 a Stockfeed Manufacture Permit 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:  |
| **Fee: $218** |
| Comprising a non-refundable application fee of $109 and 1 year Permit fee of $109.Permit fee will only be refunded if the Permit not issued. |
| * + 1. [ ]  Credit Card – American Express and Diners not accepted
 |
|  | Card type: | [ ]  MasterCard | [ ]  Visa  |
|  | Name on card: |       | Card number:  |        |  |
|  | Expiry date: |       | Amount:  **$218** |
|  | Signature of cardholder: |       | Date:  |       |  |
|  |
| * + 1. [ ]  Direct debit to bank
 |
|  | **Please quote applicant’s name or business name in the reference** |
|  | Bank: Commonwealth Bank: | **BSB**: 066 040  | **Account number:** 13300018 | Amount: **$218** |
|  | Receipt Number: |       | Payment date:  |       |  |
|  |
| * + 1. [ ]  Cheque or money order – made payable to DEPARTMENT OF HEALTH
 |

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

 Please email completed form and other requested documentation to mprb@health.wa.gov.au

Please email completed form and other requested documentation to: mprb@health.wa.gov.au

**PART 4: Payment and Checklist**

|  |
| --- |
| Ch**eckli**st  |
| Please ensure all the appropriate requested documentation is attached for: |
| **Part 1 Application for a Stockfeed Manufacture Permit** |
| [ ]  | If the Permit is being issued to a corporation, attach a copy of the Current Company Extract from ASIC (with details of all company directors and secretary (Section 1.2.1) |
| [ ]  | If the business has a Business or Trading Name, attach a copy of certificate of Record of Registration for Business Name or Current Business Name Extract (Section 1.3) |
| [ ]  | Completed Part 3 Personal Information: Identification, Fitness and Probity for responsible person if different from the Permit holder (Section 3.2) |
| [ ]  | If applicable, evidence of local government approval to operate the business from the premises (Section 3.3.1) |
| [ ]  | Copy of relevant sections if there are multiple premises (Section 5) |
| [ ]  | Declaration signed and dated by **applicant** (individual Permit holder, corporate officer or partner)(Section 6) |
| **Part 2: Personal information, fitness and probity for applicant (nominated Permit holder) i.e.:****Individual applicant, each corporate officer or each partner** |
| [ ]  | Copy of photographic identification which must be certified as a true copy by a person authorised to witness statutory declarations (Section 7.2) See Appendix A for a list of persons authorised to witness a signature |
| [ ]  | If the applicant is a corporation or partnership, attach a CV and copies of qualifications for each corporate officer or partner (Section 7.3) |
| [ ]  | If applying as an individual person, attach copies of qualifications/ training. (Section 8.1) |
| [ ]  | If applying as an individual person, attach a copy of CV. A CV is not required if experience is described on this form at Section 8.1. |
| [ ]  | 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 10) |
| [ ]  | Declaration about personal information signed by applicant (individual Permit holder, corporate officer or partner) (Section 12) |
| **Part 3: Personal information, fitness and probity for responsible person** |
| [ ]  | Copy of photographic identification which must be certified as a true copy by a person authorised to witness statutory declarations (Section 13.3) See Appendix A for a list of persons authorised to witness a signature |
| [ ]  | Copies of qualifications/ training and CV. CV is not required if experience described on this form (Section 14.1) |
| [ ]  | Copy of CV. A CV is not required if experience is described on this form at Section 14.1 |
| [ ]  | 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 16) |
| [ ]  | Declaration about personal information signed by responsible person signed (Section 17) |
| **Part 4: Declaration and Payment** |
| [ ]  | Payment details completed with correct signature if paying by credit card (Section 18)  |

#

# 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 |  |