Veterinary Practice Permit

Application Form

*Medicines and Poisons Act 2014*

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| INSTRUCTIONS and INFORMATION | | |
|  | This application form is for a new **Veterinary Practice Permit** fora veterinary practice to purchase medicines for the treatment of animals under the authorisation of a veterinarian registered with the Veterinary Practice Board WA.  This application form **MUST** be completed by the nominated applicant who will be:   * the individual permit holder i.e. a veterinarian 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 Veterinary Practice 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 Veterinary Practice.  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: Appendices | |
|  | A Veterinary Practice Permit can be issued for the purpose of purchasing and using veterinary drugs:   * At a veterinary clinic or hospital registered with the Veterinary Practice Board WA as a Veterinary Premises or * For a house call veterinary practice (previously called a mobile vet) where the medicines are stored at the veterinarian’s residential address and the practice is registered by the Veterinary Practice Board WA as a House Call Practice or * By a currently registered veterinarian, who does not operate a veterinary business but who wishes to purchase scheduled drugs to treat their own animals. In this circumstance, the Permit can only be issued in the veterinarian’s personal name (not in a business name). The storage address must be the veterinarian’s residential address. | |
|  | **Permit holder and qualifications**   * 1. **Permits can be issued to:**  1. Individual veterinarians,who:    * must complete Part 2: Personal Information: Identification, Fitness and Probity and sign the declaration at Section 15.  * must be registered with the Veterinary Practice Board WA and * must have authority within the business to determine policies and procedures in relation to handling and managing the medicines on the Permit.  1. Body corporate (corporation) or partnership and:    * each corporate officer (directors, company secretary, chief executive officer, general manager and chief financial officer) or each partner must complete Part 2: Personal Information: Identification, Fitness and Probity and sign the declaration at Section 15.    * each corporate officer or partner must provide a National Police Clearance (NPC) certificate which is less than 12 months old.   **3.2 Permits issued to a corporation or partnership**   1. The corporation or partnership must always employ a veterinarian (Veterinary Director) registered with the Veterinary Practice Board WA, who must have must have authority within the business to determine policies and procedures in relation to managing medicines.   **3.3 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. | |
|  | **Person responsible for a premises and qualifications**  A veterinarian must also be nominated to have overall responsibility for each practice to be included on the Permit. The role of the responsible person is to manage the medicines 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 * be the most senior veterinarian at the premises * complete Part 3: Personal Information: Identification, Fitness and Probity * sign the declaration at Section 20.   **4.1 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 individual Permit holder, only if the Permit is issued to an individual veterinarian and not a corporation or partnership **or** 2. the most senior veterinarian employed at the practice.   If the Permit is being issued to a house call practice, the responsible person for the premises must be the Permit holder and that person must be a veterinarian.  **4.2 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 veterinarian employed at the practice or 2. the Veterinary Director employed by the corporation or partnership. Refer to 3.2   Please note: a responsible person must consider whether they have capacity to oversee the day to day management of medicines 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. |
|  | **Purchasing a veterinary practice**  If you are purchasing an established veterinary practice from another veterinary practice that has a Permit, the current Permit holder must remove this practice from their Permit by completing an Application to Change an existing Veterinary Practice Permit. The application to remove this practice from the other Permit must be received by the Department prior to adding this practice to your Permit. You may have to liaise with the veterinary practice so that the change in ownership is coordinated, this ensures the medicines stored at the practice are always covered by a Permit.  *The Department does not coordinate the change in Veterinary Practice Permits.*  *It is the responsibility of the veterinary practices to manage the change in a timely manner.* |
|  | **Schedule 2, 3, 4 and 8 medicines**  The sections relating to required scheduled medicines are divided into two different sections,  Sections 5 and 6 relate to storage and use of Schedule of 2,3, and 4 medicines and Section 7 relates to Schedule 8 (Controlled Drug) medicines. |
|  | **Terminology**  Veterinarian means a veterinarian registered with the Veterinary Practice Board WA..  Veterinary nurse means a person approved by the Veterinary Practice Board WA as a veterinary nurse.  Veterinary practice means a clinic or hospital registered as a veterinary premises with the Veterinary Practice Board WA and includes off-site treatment.  House call practice means a practice registered by the Veterinary Practice Board WA as a house call practice. This type of practice was formerly referred to as a ‘mobile vet’. |
|  | **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 C. | |
|  | **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 nominated Permit holder must sign the Declaration at Section 9 for obtaining a Permit. If the Permit will be held by a corporation or partnership, a corporate officer or partner must sign the Declaration. | |
|  | **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](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** | | |

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| PART 1: APPLICATION for a VETERINARY PRACTICE PERMIT |

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| Practice type | | | | |
| Please check to confirm the type of practice the scheduled medicines will be stored at and used from: | | | | |
|  | **Veterinary practice** will be registered as a veterinary premises with the Veterinary Practice Board WA (VPBWA) | | | |
|  | Date of submission of *Application to register veterinary premises* to VPBWA |  | |  |
|  | Veterinary Hospital or Clinic Registration Number (if known): |  | |  |
|  | **Complete** all sections in Parts 1,2 ,3 and 4 (payment) | | |  |
|  | **House call practice**: premises will be registered as a House Call Practice with the Veterinary Practice Board WA. | | | |
|  | Date of submission of *Application to register house call practice* to VPBWA: |  |  | |
|  | House Call Practice Registration Number (if known): |  |  | |
|  | **Purchasing to treat own animals only.** Not operating a veterinary business. | | | |
|  | **Complete** Part 1: Sections 2,4,5,6 7 and 9 PLUS Part 2: all Sections PLUS Part 4 (payment) | | | |

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| Details of applicant (nominated 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 2.1 and 2.3 to 2.6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Body Corporate (corporation) or partnership. Complete Section 2.2 and 2.3 to 2.6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2.1** | | **Permit to be issued to an individual person** (including on behalf of a business) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Can only be issued to a veterinarian registered with the Veterinary Practice Board WA. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Dr. | |  | | | 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2.2** | | **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 | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | 2.2.1 **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. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2.3** | | **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]). | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2.4** | | **Australian Business Number**: | | | | | | | | | |  | | | | | | | | | | | | | | |  | | |
| **2.5** | | **Australian Company Number** (ACN) or Australian **Registered Body Number** (ARBN), if applicable: | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **2.6** | | **Registered business address of applicant:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | Same as postal address shown above or: | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Address: | | | |  | | | | | | | | | | Suburb: | |  | | | | | | | Postcode: | |  | |  | |
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**Part 1: Application for a Veterinary Practice Permit**

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| Permits issued to a corporation or partnership | | | | | | | | |
| Is the applicant a corporation or partnership? | | | | | | | | |
|  | No, the applicant is an individual veterinarian | | | | | | | |
|  | Yes: complete Section 3.1 and 3.2 | | | | | | | |
| **3.1** | Check to confirm the corporation or partnership always employs a Veterinary Director i.e. a veterinarian who has authority within the business to determine policies and procedures in relation to managing medicines. | | | | | | | |
| **3.2** | Details of Veterinary Director **employed** by the corporation or partnership. | | | | | | | |
|  | Dr. | Forename(s): |  | Surname: |  | | |  |
|  | Veterinary Practice Board WA veterinarian registration number: | | |  | | Expiry date: |  |  |
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| Premises and building security details | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Section 4 must be completed for every premises listed on the Permit.  Please refer to [who needs a veterinary practice permit](https://ww2.health.wa.gov.au/~/media/Files/Corporate/general%20documents/medicines%20and%20poisons/Word/Who-needs-a-veterinary-practice-permit.docx) for information on premises used for delivery purposes. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is this premises being bought from another veterinary practice business? (not applicable to house call practices) See instruction number 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes: | | | | | Name of previous veterinary practice: | | | | | | | | | | |  | | | | | | | | | | |  |
|  | | | | The Department requires the previous Permit holder at the relocated or new added premises to remove the practice 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. | | | | | | | | | | | | | | | | | | | | | | | |
| **4.1 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 | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4.2 Person responsible for a premises** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Refer to instruction number 4, for information on the requirements for being responsible for a premises | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Name of nominated responsible person for the premises named in Section 4.1 | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Dr. | | Forename(s): | | | | | |  | | | | | | | | | | Surname: | |  | | | | |  |
|  | | The nominated responsible person **must complete Part 3**: Personal Information: Identification, Fitness | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4.3 Location of premises** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Commercial | | | | | | Industrial | | | | | | Rural | | | | Residential | | | | | | | | | |
|  | | Other-please specify: | | | | | | | | |  | | | | | | | | | | | | | | | |  |
|  | 4.3.1 Is local government approval required to operate the business from the premises? | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | | | Yes: **attach** evidence of local government approval to operate the business from premises. | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | | | No: Local government may be asked to comment on applications which may increase processing time. | | | | | | | | | | | | | | | | | | | | | |
| Section 4 continues next page | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Part 1: Application for a Veterinary Practice Permit**

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| **4.4 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: | | | |  | | |  |
|  | | | | | | | | |
| **4.5 Mud map or diagram** | | | | | | | | |
|  | | | Please **attach** a mud map or sketch **diagram** of the premises and mark on the diagram, the locations where medicines will be stored including the safe (if applicable) and building security such as lockable doors, movement detectors and video surveillance cameras. | | | | | |
| **4.6 Storage of scheduled medicines in vehicles** | | | | | | | | |
|  | | Please check to confirm the following statements: | | | | | | |
|  | |  | | Medicines are only stored in vehicles when attending patients. | | | | |
|  | |  | | At all other times, medicines are stored at the secure premises named at Section 4.1 | | | | |

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| Medicines required, storage, record keeping and access | | | | | |
| Section 5 must be completed for every premises listed on the Permit. | | | | | |
| Please check all that apply: | | | | | |
| Schedule 2- Pharmacy medicine | | | | | Schedule 3 – Pharmacist only medicine |
| Schedule 4 – Prescription only medicine | | | | | Schedule 8 – Controlled drug: complete Section 7 |
| **5.1 Storage and temperature monitoring of Schedule 2, 3, and 4 medicines** | | | | | |
|  | 5.1.1 | Storage of non- refrigerated medicines in Schedule 2, 3, and 4 (Please check which one applies) | | | |
|  |  | Locked room | Locked cupboard | | |
|  | 5.1.2 | Storage of refrigerated medicines in Schedule 2, 3, and 4 (Please check which one applies) | | | |
|  |  | Locked room with refrigerator | | Locked refrigerator | |
|  | 5.1.3 | Temperature monitoring for refrigerated medicines in Schedule 2,3 and 4 | | | |
|  |  | Please indicate how the temperature of refrigerated medicines 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 temperature sensitive medicines.  The temperature data logger:   * must record multiple data points (not just maximum and minimum temperatures) and * must create an alarm if the temperature is outside the designated range. | | | |
| Section 5 continues next page | | | | | |

**Part 1: Application for a Veterinary Practice Permit**

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| **5.2 Storage area for Schedule 2,3, and 4 medicines** | | | | | | |
|  | | | Please provide information for all areas storing Schedule 2,3 and 4 medicines at the premises: | | | |
|  | | | |  |  | | --- | --- | | Floor number, room number/room name | Floor number, room number/room name | |  |  | |  |  | |  |  | |  |  | | | | |
|  | | | | | | |
| **5.3 Record keeping** | | | | | | |
|  |  | | | Check to confirm records of administration and supply of Schedule 4 medicines are maintained in patient notes. | | |
|  |  | | | Check to confirm records of administration and supply of Schedule 4 medicines will be kept for at least 2 years | | |
| **5.4 Access to Schedule 2,3 and 4 medicines** | | | | | | |
|  |  | | | Please check to confirm only veterinarians or veterinary nurses approved by the Veterinary Practice Board WA medicines and employed by the veterinary practice will have unsupervised access to the medicines and keys/entry codes to storage rooms and refrigerators. | | |
| **5.5 Preventing access to scheduled medicines** | | | | | | |
|  | | Please describe how non-authorised staff such as reception staff, cleaners and members of the public (including family members and children) will be prevented from having access to scheduled medicines and clinical records: | | | | |
|  | |  | | | | |
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|  | |  | | | |  | |
| **5.6 Loss or theft of Schedule 4 medicines** | | | | | | |
|  | | |  | | Please check to confirm any loss or theft of Schedule 4 medicines s 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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| Administration and supply of Schedule 4 medicines | | | | |
|  | ***Administration* of Schedule 4 medicines** (please check **ONE** option only): | | | |
|  |  | Doses of Schedule 4 medicines will only be *administered* by the veterinarian, **OR** | |
|  |  | Doses of Schedule 4 medicines will be *administered* by the veterinarian and by veterinary nursesona direction by the veterinarian for an individual patient. | |
|  | ***Supply*** of **Schedule 4** medicines for the patient’s owner/carer to take home (please check **ONE** option only): | | | |
|  |  | Schedule 4 medicines will not be *supplied* to the patient’s owner/carer to take home **OR** | |
|  |  | Schedule 4 medicines will be *supplied* to the patient’s owner/carer to take home | |
|  |  |  | Check to confirm all Schedule 4 medicines will be personally *supplied* by the veterinarian |
|  |  |  | Check to confirm, when supplying Schedule 4 medicines, the package will be labelled according to Appendix L of the [Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP)](https://www.tga.gov.au/publication/poisons-standard-susmp) |
|  | | | More information found at: [Labels on medicines and poisons](https://ww2.health.wa.gov.au/Articles/J_M/Labels-on-medicines-and-poisons) | |
|  | Veterinary nurses are only authorised to administer Schedule 4 medicines and cannot supply these medicines. | | | |

**Part 1: Application for a Veterinary Practice Permit**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Schedule 8 medicines | | | | | | | | | | | | | | | | | | |
| Complete Section 7 for every premises listed on the Permit which will be storing Schedule 8 medicines. | | | | | | | | | | | | | | | | | | |
| Is this premises being bought from another veterinary practice? (not applicable to house call practices) See instruction 5. | | | | | | | | | | | | | | | | | | |
| No | | | | | | | | | | | | | | | | | | |
| Yes: | | | | | Name of previous veterinary practice: | | | |  | | | | | | | | |  |
|  | | | | | Are Schedule 8 medicines being transferred from the previous veterinary practice? | | | | | | | | | | | | | |
|  | | | | | No | | | | | | | | | | | | | |
|  | | | | | Yes:  please confirm an inventory of Schedule 8 medicines will be conducted at the time of handover. | | | | | | | | | | | | | |
| Will S8 medicines be stored in multiple areas/rooms at the premises? | | | | | | | | | | | | | | | | | | |
| No: complete all of Section 7 | | | | | | | | | | | | | | | | | | |
| Yes: complete all of Section 7 for the first drug safe and Section 7.1 and 7.3 for every other drug safe. | | | | | | | | | | | | | | | | | | |
| **7.1 Required Schedule 8 medicines – please list:** | | | | | | | | | | | | | | | | | | |
|  | Confirm address of facility: | | | | |  | | | | | | | | | | | |  |
|  | 7.1.1 Location of drug safe (floor number, room number/name): | | | | | | | | | |  | | | | | | |  |
|  | 7.1.2 Please list all required S8 medicines stored in the drug safe at the location named in Section 7.1.1 | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | | Name, strength and form of medicine | | | | | | | | Quantity required | | | | Number of *human doses* | | |  | |
|  | |  | | | | | | | |  | | | |  | | |  | |
|  | |  | | | | | | | |  | | | |  | | |  | |
|  | |  | | | | | | | |  | | | |  | | |  | |
|  | |  | | | | | | | |  | | | |  | | |  | |
|  | |  | | | | | | | |  | | | |  | | |  | |
|  | | 7.1.3 Total number of *human doses* of Schedule 8 medicines stored in the safe: | | | | | | | | | | | |  | | |  | |
|  | | **How to calculate the number of *human doses*** | | | | | | | | | | | | | | | | |
|  | | 1. For divided doses such as tablets, capsules, ampoules, patches: 1 tablet, 1 ampoule, 1 patch =1 dose, regardless of strength. For example, 1 fentanyl patch = 1 human dose, 1 Ampoule = 1 human dose. | | | | | | | | | | | | | | | | |
|  | | 1. For mixtures/multidose vials calculate the number of doses in the bottle/vial using the information in the table: | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | | | **Preparation** | | | | | **Size of bottles** | | | | **Human dose** | | | **Total doses per bottle** | | |  |
|  | | | Codeine linctus 5 mg per mL | | | | | 100mL | | | | 5mL | | | 20 | | |  |
|  | | | Buprenorphine injection 300 mcg per mL | | | | | 10mL | | | | 300mcg | | | 10 | | |  |
|  | | | Butorphanol injection 10 mg per mL | | | | | 10mL | | | | 2 mg | | | 50 | | |  |
|  | | | Ketamine injection 100mg per mL | | | | | 50mL | | | | 200mg | | | 25 | | |  |
|  | | | Methadone injection 10 mg per mL | | | | | 20mL | | | | 10mg | | | 20 | | |  |
| **7.2 Number of human doses of Schedule 8 medicines and drug safe requirements** | | | | | | | | | | | | | | | | | | |
|  | | The number of human doses of Schedule 8 medicines stored in the safe will determine the size of the safe. | | | | | | | | | | | | | | | | |
|  | | | | **Number of human doses** | | | **Compliant drug safe** | | | | | | **Motion detector** | | |  | | |
|  | | | | ≤ 250 | | | Small | | | | | | Not required | | |  | | |
|  | | | | Between 251- 500 | | | Small | | | | | | Required | | |  | | |
|  | | | | > 500 | | | Large | | | | | | Required | | |  | | |
| 1 | | | | | | | | | | | | | | | | | | |

**Part 1: Application for a Veterinary Practice Permit**

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| **7.3 Number of Schedule 8 human doses and required drug safe.** Complete Section 7.3 for each dug safe. | | | | | | | | | | | | | | | | | |
|  | Check to confirm the number of doses calculated at 7.1.3 that will be stored in the drug safe identified in Section 7.1.1 | | | | | | | | | | | | | | | | |
|  | ≤ 250: complete Section 7.3.1 | | | | | | | | | | | | | | | | |
|  | 250-500: complete Section 7.3.2 | | | | | | | | | | | | | | | | |
|  | > 500: complete Section 7.3.3 and 7.3.3. a | | | | | | | | | | | | | | | | |
|  | | 7.3.1  **≤ 250** human doses will be stored in a small drug safe with no motion detector required. | | | | | | | | | | | | | | | |
|  | |  | Schedule 8 small drug safe make and model number: | | | | | | | | | |  | | | |  |
|  | |  | What is the safe bolted to? | | | | | | | | | | | | | | |
|  | |  |  | | | Concrete floor | | | Brick wall | | Other, describe: | | | |  | |  |
|  | |  |  | | | **If** the safe is not bolted to a concrete floor or brick wall, please check to confirm the safe is bolted to a structural element of the building such as a steel beam or floor joist. See Appendix A for information. | | | | | | | | | | | |
|  | |  |  | | | Check to confirm the safe is compliant with requirements for a small drug safe as per Appendix A. | | | | | | | | | | | |
|  | |  | Please **attach** photos showing:   * safe with the door closed * safe with the door open, with a ruler held against the door edge to show the thickness of the door plate * how the safe has been bolted into place with four bolts as per Appendix A: Requirements for a small safe | | | | | | | | | | | | | | |
|  | | 7.3.2  **251- 500** human doses will be stored in small drug safe and monitored by a motion detector device1 | | | | | | | | | | | | | | | |
|  | |  | Schedule 8 small drug safe make and model number: | | | | | | | | |  | | | | |  |
|  | |  | What is the safe bolted to? | | | | | | | | | | | | | | |
|  | |  | Concrete floor | | | | | Brick wall | | Other, describe: | | | |  | | |  |
|  | |  |  | | **If** the safe is not bolted to a concrete floor or brick wall, please check to confirm the safe is bolted to a structural element of the building such as a steel beam or floor joist. See Appendix A for information. | | | | | | | | | | | | |
|  | |  |  | | Check to confirm the safe is compliant with requirements for a small drug safe as per Appendix A. | | | | | | | | | | | | |
|  | |  |  | | Check to confirm safe is covered by motion detector linked to continuously monitored alarm system. | | | | | | | | | | | | |
|  | |  | Please **attach** photos showing:   * safe with the door closed. * safe with the door open, with a ruler held against the door edge to show the thickness of the door plate * how the safe has been bolted into place with four bolts as per Appendix A. * location of motion detector/s in relation to the drug safe. | | | | | | | | | | | | | | |
|  | | 7.3.3  **>500** human doses will be stored in a large safe, continuously monitored by a motion detector device1 | | | | | | | | | | | | | | | |
|  | |  | Schedule 8 large drug safe make and model number: | | | | | | | | |  | | | |  | |
|  | |  |  | | Check to confirm the safe is compliant with requirements for a large drug safe as per Appendix B. | | | | | | | | | | | | |
|  | |  |  | | Check to confirm safe is covered by motion detector linked to continuously monitored alarm system. | | | | | | | | | | | | |
|  | |  | Does the large safe weigh more than one tonne? | | | | | | | | | | | | | | |
|  | |  | Yes | | | | | | | | | | | | | | |
|  | |  | No: check to confirm the safe is mounted on a concrete floor as per requirements listed in Appendix B. | | | | | | | | | | | | | | |
|  | |  | Please **attach** photos showing:   * safe with the door closed * safe with the door open, with a ruler held against the door edge to show the thickness of the door plate * the locking mechanism as per Appendix B * the door is secured with at least 2 locking bolts of at least 32mm * how the safe has been bolted onto a concrete floor as per Appendix B if safe weights less than one tonne * location of motion detector/s in relation to the drug safe. | | | | | | | | | | | | | | |
|  | | | | 7.3.3. a | | | Please **attach** evidence to show the safe was installed by a person licensed under the *Security and Related Activities* *(Control) Act 1996* to install safes. | | | | | | | | | | |
| 1Motion Detectors: drug safe must be covered by movement detector attached to a continuously monitored alarm system  Guidance notes are also found at: [Storage of Schedule 8 medicines](https://ww2.health.wa.gov.au/Articles/S_T/Storage-of-Schedule-8-medicines)  \*Safes purchased from general hardware or office suppliers are usually not suitable for the storage of medicines. | | | | | | | | | | | | | | | | | |

**Part 1: Application for a Veterinary Practice Permit**

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| **7.4 Access to Schedule 8 medicines** | | | | | | | | | | | | | | | | |
|  |  | | | Please check to confirm only veterinarians or veterinary nurses, approved by the Veterinary Practice Board WA and employed by the veterinary practice, will have unsupervised access to S8 medicines and keys/entry codes to storage rooms and safes. | | | | | | | | | | | | |
| **7.5 Record keeping for Schedule 8 medicines** | | | | | | | | | | | | | | | | |
|  | | * + - 1. Check to confirm which type of recording system will be used to record administration or supply of S8 medicines: | | | | | | | | | | | | | | |
|  | | | Patient notes **or** | | | | | | | | | | | | | |
|  | | | Other- please describe: | | | | |  | | | | | | | |  |
|  | | * + - 1. Which type of drug register will be used to record the receival of and administration or supply of S8 medicines1 | | | | | | | | | | | | | | |
|  | | | Paper Schedule 8 register – HA14 OR | | | | | | | | | | | | | |
|  | | | Department of Health approved Electronic Schedule 8 register | | | | | | | | | | | | | |
|  | | | Name of approved electronic register: | | | | | | | |  | | | |  | |
|  | | Check to confirm records of administration or supply and registers will be kept for a minimum of 5 years1 | | | | | | | | | | | | | | |
| **7.6 Inventory, loss, theft and discrepancies of Schedule 8 medicines** | | | | | | | | | | | | | | | | |
|  | | Check to confirm an inventory (balance check) of S8 medicines will be conducted at least monthly2. | | | | | | | | | | | | | | |
|  | | Check to confirm any discrepancies that have not been accounted for are reported to MPRB ASAP2 | | | | | | | | | | | | | | |
|  | | Check to confirm loss / theft of S8 medicines will be reported to MPRB and police ASAP3 | | | | | | | | | | | | | | |
| **7.7 Disposal/destruction of Schedule 8 medicines** | | | | | | | | | | | | | | | | |
|  | 7.7.1  Check to confirm an inventory of S8 medicines will be conducted prior to being disposed of or destroyed. | | | | | | | | | | | | | | | |
|  | 7.7.2 Please indicate how expired or substandard Schedule 8 medicines will be disposed of: | | | | | | | | | | | | | | | |
|  | | | | |  | Taken to a pharmacy or hospital for disposal 4 | | | | | | | | | | |
|  | | | | |  | Name of pharmacy/hospital: | | | |  | | | |  | | |
|  | | | | |  | **or** | | | | | | | | | | |
|  | | | | |  | Returned to wholesaler for disposal | | | | | | | | | | |
|  | | | | |  | Name of wholesaler: | | |  | | | | |  | | |
|  | | | | |  | **or** | | | | | | | | | | |
|  | | | | |  | *Destroyed* at the premises, placed into a sharps container, collected by a licensed clinical waste disposal serviceand incinerated5 | | | | | | | | | | |
|  | | | | |  | Name of licensed clinical waste disposal service: | | | | | |  |  | | | |
|  | | | | |  | Please confirm the following: | | | | | | | | | | |
|  | | | | | |  | Schedule **8** medicines will be *destroyed* by making them unidentifiable and unusable5 | | | | | | | | | |
|  | | | | | |  | destruction will be **conducted** by persons authorised by Medicines and Poisons Regulations 20165,6 | | | | | | | | | |
|  | | | | | |  | destruction will be **witnessed** by persons authorised by Medicines and Poisons Regulations 20165,6 | | | | | | | | | |
| 1 [Schedule 8 drug registers](https://ww2.health.wa.gov.au/Articles/S_T/Schedule-8-drug-registers)  2 [Recording of Schedule 8 transactions in an approved register](https://ww2.health.wa.gov.au/Articles/N_R/Recording-S8-and-S9-transactions)  3 [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)  4 Pharmacies and hospitals are not obligated to accept medicines for disposal if they have not supplied the medicine  5 [Disposal of medicines](https://ww2.health.wa.gov.au/Articles/A_E/Disposal-of-medicines)  6 Persons authorised to destroy S8 medicines and witnesses include health professionals such as veterinarians, medical practitioners, registered nurses and pharmacists. | | | | | | | | | | | | | | | | |
| Section 7 continues next page | | | | | | | | | | | | | | | | |

**Part 1: Application for a Veterinary Practice Permit**

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| **7.8 Administration and supply of Schedule 8 medicines** | | | |
|  | ***Administration* of Schedule 8 medicines** (please check **ONE** option only): | | |
|  |  | Doses of Schedule 8 medicines will only be *administered* by the veterinarian **OR** | | |
|  |  | Doses of Schedule 8 medicines will be *administered* by the veterinarian and by veterinary nursesona direction by the veterinarian for an individual patient. | | |
|  | ***Supply*** of **Schedule 8** medicines for patient’s owner/carer to take home (please check **ONE** option only): | | |
|  |  | Schedule 8 medicines will not be *supplied* to the patient’s owner/carer to take home **OR** | | |
|  |  | Schedule 8 medicines will be *supplied* to the patient’s owner/carer to take home | | |
|  |  |  | Check to confirm all Schedule 8 medicines will be personally *supplied* by the veterinarian | |
|  |  |  | Check to confirm, when supplying Schedule 8 medicines, the package will be labelled according to Appendix L of the [Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP)](https://www.tga.gov.au/publication/poisons-standard-susmp) | |
|  | | | 1 More information is found at: [Labels on Medicines and Poisons](https://ww2.health.wa.gov.au/Articles/J_M/Labels-on-medicines-and-poisons) | |

|  |  |
| --- | --- |
| Multiple premises | |
| Not applicable to applications for permits for house call practices. | |
| Will medicines be stored at multiple premises under this Permit? | |
| No | |
| Yes: complete Sections 8.1 and 8.2 | |
| 8.1 Will the responsible person for the other premises be the same as the individual Permit holder or a person responsible for the premises named in Section 4.1? | |
|  | Yes |
|  | No: Complete and **attach** Part 3: Personal Information: Identification, Fitness for the nominated responsible person for the other premises. |
| 8.2 Will responses to Section 6 be the same for the other premises as for the premises named in Section 4.1 | |
|  | Yes: Complete and **attach** Section 4,5, and Section 7 (if storing S8 medicines) for all other premises. |
|  | No: Complete and **attach** Sections 4,5,6 and Section 7 (if storing S8 medicines) for all other premises. |
|  | |

**Part 1: Application for a Veterinary Practice Permit**

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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 9 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 veterinarian,all sections of Part 2 must be completed.

If the Permit holder is a corporation or partnership all sections of Part 2 except Section 11 must be completed by each corporate officer or each partner.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Identification of applicant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Refer to instruction number 3, for information on the requirements for being a Permit holder. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **10.1 Personal Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title: | | |  | | | Forename/s: | | | | |  | | | | Surname: | | | |  | | | | Date of birth: | | | |  | | |  |
| Address: | | | | |  | | | | | | | | Suburb: | | | |  | | | | | | | Postcode: | | | |  | |  |
| Postal address: | | | | | | |  | | | | | | | Suburb: | | | |  | | | | | | | Postcode: | | | |  |  |
| Mobile number: | | | | | | | |  | | | | | | | | Email: | | | |  | | | | | | | | | |  |
| Position in business: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  |
| **10.2 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 C for a list of persons authorised to certify a true copy). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **10.3 Role in relation to Permit** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | The individual veterinarian 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 12,13,14 and 15 in Part 2 and **attach** a CV1 | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | A partner: only applicable if the Permit will be issued to a partnership | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | Complete Sections 12,13,14 and 15 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 of applicant applying as an individual person | | | | | | |
| Complete this section if you are a veterinarian applying for a Permit on behalf of a business.  Do not complete this section, if the Permit is being issued to a corporation or partnership. | | | | | | |
| Refer to instruction number 3 for information on the requirements for being an individual Permit holder (veterinarian) | | | | | | |
| Veterinary Practice Board WA veterinarian registration number: | | |  | Registration expiry date: |  |  |
| **11.1 Attach** a copy of your currentannual registration certificate provided by the Veterinary Practice Board WA | | | | | | |
| **11.2 Access to medicines and authority within the business** | | | | | | |
|  |  | Please check to confirm you will always have access to the medicines stored at the premises. | | | | |
|  |  | Please check to confirm you will have authority within the Veterinary Practice to determine policies and procedures in relation to managing the medicines listed on the Permit. | | | | |
|  | | | | | | |

**Part 2: Personal Information: Applicant**

|  |  |  |
| --- | --- | --- |
| Prior licences/permits for medicines/poisons held by applicant | | |
| To be completed by the nominated individual Permit holder (veterinarian), each corporate officer or each partner. | | |
| **12.1** | 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: | |
|  |  |  |
|  |  |  |
|  | | |
| **12.2** | 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 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 (veterinarian), each corporate officer or each partner. | | | | |
| **13.1** | **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 | | | |
| **13.2** | **Indictable offences1** | | | |
|  | Role in relation to the Permit: | | | |
|  | a.  individual veterinarian | | | |
|  |  | Have you been convicted of, or are there charges pending for indictable1 offences since you last applied for renewal of your registration as a veterinarian? | | |
|  |  | No | | |
|  |  | Yes: please attach full details in the form of a Statutory Declaration and include the:   * Name of court including state/territory/ country, relevant dates and any sentences received * The nature of the alleged offence and circumstances surrounding the offences. | | |
|  | | | | |
|  | b.  a corporate officer or partner | | | |
|  |  | | i **Attach** a copy of your National Police Clearance certificate (NPC) which is less than 12 months old**.** | |
|  |  | | ii Have you been convicted of, or are 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:   * Name of court including state/territory or country, 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 2: Personal Information: Applicant**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Financial resources of applicant | | | | | |
| To be completed by the nominated individual Permit holder (veterinarian), each corporate officer or each partner. | | | | | |
| **14.1** | Have you been declared bankrupt or a debtor under any bankruptcy law? | | | | |
|  | No | | | | |
|  | Yes: What date was/will your bankruptcy be discharged? |  | |  | |
| **14.2** | 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 |
|  | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Declaration by applicant | | | | | | | |
| This declaration must be signed by the applicant (individual veterinarian, each corporate officer or each partner) and includes probity check consent.  Please refer to Instruction 9 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 Veterinary Practice 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 medicines 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 Veterinary Practice, a corporate officer (if the applicant is a corporation) or a partner (if the applicant is a partnership). | | | | | | |
| Signature: | |  | Name: |  | Date: |  |  |
|  | | | | | | | |

|  |
| --- |
| PART 3: PERSONAL INFORMATION: RESPONSIBLE PERSON |

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Identification of responsible person | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The role of the responsible person is to manage the medicines on a day to day basis and be the contact person, if the Permit holder is not available. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Refer to instruction number 4 for information on the requirements for being responsible for a premises. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **16.1** Will the individual veterinarian applying to be Permit holder, also be responsible for premises named in Section 4.1? | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes: Confirm name: | | | | | | | Dr. | | | Forename/s: |  | | | | | | | Surname: |  | | | | | | |  |
|  | | | There is no requirement to complete Part 3 | | | | | | | | | | | | | | | | | | | | | | | |
| No: complete remainder of Part 3. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **16.2 Personal Details of responsible person** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Dr. | | | Forename/s: | | | |  | | | | | Surname: | | |  | | | | Date of birth: | | |  |  | | |
|  | Postal Address: | | | |  | | | | | | | Suburb: | | |  | | | | | | Postcode: |  | | |  | |
|  | Mobile number: | | | | |  | | | | | | | | Email: | | |  | | | | | | | |  | |
|  | Position in business: | | | | | | | |  | | | | | | | | | | | | | | | |  | |
| **16.3 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 C for a list of persons authorised to certify a true copy). | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Quali**fications of person responsible for a premises | | | | |
| Veterinary Practice Board WA veterinarian registration number: |  | Registration expiry date: |  |  |
| **17.1 Attach** a copy of your currentannual registration certificate provided by the WA Veterinary Practice Board | | | | |

**Part 3: Personal Information: Responsible Person**

|  |  |  |
| --- | --- | --- |
| Prior licences/permits for medicines/poisons held by responsible person | | |
| **18.1** | 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 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: | |
|  |  |  |
|  |  |  |
|  |  |  |
|  | | |
| **18.2** | 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 | |
| **19.1** | **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 |
| **19.2** | **Indictable offences** |
|  | Have you been convicted of or are there charges pending for indictable1 offences since you last applied for renewal of your registration as a veterinarian? |
|  | 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: Responsible Person**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Declaration by nominated responsible person | | | | | | |
| This declaration must be signed by the nominated responsible person and includes probity check consent.  Please refer to Instruction 9 for information on acceptable signatures. | | | | | | |
| 1. I acknowledge my role is to manage the medicines 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 Veterinary Practice 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: $272** | | | | | | | | | | | | | | | | | | |
| Comprising a non-refundable application fee of $163 and 1 year Permit fee of $109.  Permit fee will only be refunded if the Permit is not issued. | | | | | | | | | | | | | | | | | | |
| * + 1. Credit Card – American Express and Diners not accepted | | | | | | | | | | | | | | | | | | |
|  | Card type: | | MasterCard | | | | | Visa | | | | | | | | | | |
|  | Name on card: |  | | | | | | | | Card number: |  | | | | | | |  |
|  | Expiry date: |  | | | | | Amount:  **$272** | | | | | | | | | | | |
|  | 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: **$272** | | | | | |
|  | 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](mailto:mprb@health.wa.gov.au)

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

**PART 4: PAYMENT and CHECKLIST**

|  |  |
| --- | --- |
| Checklist | |
| Please ensure all the appropriate requested documentation is attached for: | |
| **Part 1 Application for a Veterinary Practice 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 2.2.1) |
|  | 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 2.3) |
|  | Completed Part 3 Personal Information: Identification, Fitness and Probity for responsible person **if** different from the Permit holder (Section 4.2) |
|  | If applicable, evidence of local government approval to operate the business from the premises (4.3.1) |
|  | A mud map or sketch **diagram** of the premises showing where the medicines will be stored including the safe (if applicable) and other security details (Section 4.5) |
|  | If storing Schedule 8 medicines, attach photos pf safe etc as required in Section 7.3 |
|  | If storing S8 medicines in a large safe, evidence to show the safe was installed by a person licensed under the *Security and Related Activities* *(Control) Act 1996* to install safes. (Section 7.3.3 a) |
|  | Copy of relevant sections if there are multiple premises (Section 8) |
|  | Declaration signed and dated by **applicant (**nominated Permit holder)and witnessed (Section 9) |
| **Part 2: Personal information, fitness and probity for applicant (nominated Permit holder) i.e. individual veterinarian, each corporate officer or each partner** | |
|  | Copy of photographic identification which must be certified as a true copy (Section 10.2). See Appendix C for a list of persons authorised to certify a true copy. |
|  | If the applicant is a corporation or partnership, attach a CV and copy of qualifications for each corporate officer or partner (Section 10.3) |
|  | If the applicant is an individual veterinarian, attach a copy of the veterinarian’s currentannual registration certificate provided by the WA VSB (Section 11.1) |
|  | If applicable, a Statutory Declaration relating to an offence under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory (Section 13.1) |
|  | If the applicant is an individual veterinarian and they have been convicted of or there are charges pending for an indictable offence since they last renewed their registration with the WA VSB, attach a Statutory Declaration relating to the offence (Section 13.2. a) |
|  | If the applicant is a corporation or partnership, attach a copy of the NPC for each corporate officer or partner which is less than 12 months old (Section 13.2.b i) |
|  | If the applicant is a corporation/partnership and a corporate officer/partner has been convicted of, or there are charges pending for an indictable offence since the date on their NPC, attach a Statutory Declaration relating to the offence (Section 13.2.b ii) |
|  | Declaration about personal information of applicant signed by applicant (Section 15) |
| **Part 3: Personal information, fitness and probity for responsible person** | |
|  | Copy of photographic identification which must be certified as a true copy. (Section 16.3)  See Appendix C for a list of persons authorised to certify a true copy. |
|  | Copy of the responsible veterinarian’s current annual registration certificate provided by the WA VSB (Section 17.1) |
|  | If applicable, a Statutory Declaration relating to an offence under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory (Section 19.1) |
|  | If the responsible veterinarian has been convicted of or there are charges pending for an indictable offence since last renewing their registration with the WA VSB, attach a Statutory Declaration relating to the offence (Section 19.2) |
|  | Declaration about personal information of responsible person signed and dated (Section 20) |
| **Part 4: Declaration and Payment** | |
|  | Payment details completed with correct signature **if** paying by credit card (Section 21) |

# PART 5: APPENDICES

## Appendix A: Requirements for a small safe

The requirements for a small drug safe are set out in the Table.

**Table**

|  | Requirements |
| --- | --- |
| **Cabinet/body** | Must be made from solid steel plate at least 10 mm thick or a steel skin with concrete fill at least 50 mm thick  All joints must be continuously welded |
| **Door** | Must be made from solid steel plate at least 10 mm thick or a steel skin with concrete fill at least 50 mm thick  Must be fitted flush to the cabinet/body with a maximum clearance of 1.5 mm when closed  Hinge system must be a system that does not allow the door to be opened if the hinge is removed |
| **Lock** | Must be a 6 lever key lock or a 4 wheel combination lock or a digital lock that provides security that is equivalent to a 6 lever key lock or 4 wheel combination lock |
| **Mounting** | Must be mounted on a concrete floor or a brick or concrete wall with at least 4 expanding bolts of at least 12 mm in diameter  If mounting on a concrete floor or a brick or concrete wall is not possible must be securely mounted on structural elements of the building such as studs or floor joists |

**PART 5: APPENDICES**

## Appendix B: Requirements for a large safe

The requirements for a large safe are set out in the Table.

**Table**

|  | **Requirements** |
| --- | --- |
| **Cabinet/body** | Must be made from solid steel plate at least 10 mm thick or a steel skin with concrete fill at least 50 mm thick  All joints must be continuously welded |
| **Door** | Must be made from solid steel plate at least 10 mm thick or a steel skin with concrete fill at least 50 mm thick  Must be fitted flush to the cabinet/body with a maximum clearance of 1.5 mm when closed  Hinge system must be a system that does not allow the door to be opened if the hinge is removed  Must be secured with at least 2 locking bolts of at least 32 mm diameter |
| **Lock** | Must be a 6 lever key lock or a 4 wheel combination lock or a digital lock that provides security that is equivalent to a 6 lever key lock or 4 wheel combination lock |
| **Mounting** | Must be mounted on a concrete floor with an expanding bolt with a diameter of at least 16 mm unless the safe weighs more than 1 tonne |
| **Installation** | Must be installed by a person licensed under the *Security and Related Activities (Control) Act 1996* to install safes |
| **Weight** | Must have a minimum weight of 250 kg |

**PART 5: APPENDICES**

## Appendix C: 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 |  |