Indent Licence

Application Form

*Medicines and Poisons Act 2014*

Table of Contents

[INSTRUCTIONS and INFORMATION i](#_Toc94259488)

[PART 1: APPLICATION for an INDENT LICENCE 1](#_Toc94259489)

[1. Details of applicant (nominated Licence holder) 1](#_Toc94259490)

[2. Licences issued to a corporation or partnership 2](#_Toc94259491)

[3. Purpose of indent licence 2](#_Toc94259492)

[4. Premises and building security details 2](#_Toc94259493)

[5. Medicines and/or poisons to be supplied via an Indent Licence and access 3](#_Toc94259494)

[6. Standard Operating Procedures 4](#_Toc94259495)

[7. Multiple premises 5](#_Toc94259496)

[8. Declaration by applicant to obtain a Licence 5](#_Toc94259497)

[PART 2: PERSONAL INFORMATION: LICENCE HOLDER 6](#_Toc94259498)

[9. Identification of applicant 6](#_Toc94259499)

[10. Qualifications and experience of applicant applying as an individual person 6](#_Toc94259500)

[11. Prior permits/licences for medicines/poisons held by applicant 7](#_Toc94259501)

[12. Criminal check and NPC for applicant 7](#_Toc94259502)

[13. Financial resources of applicant 7](#_Toc94259503)

[14. Declaration by applicant 8](#_Toc94259504)

[PART 3: PERSONAL INFORMATION: RESPONSIBLE PERSON 9](#_Toc94259505)

[15. Identification of responsible person 9](#_Toc94259506)

[16. Qualifications and experience of responsible person 9](#_Toc94259507)

[17. Prior permits/licences for medicines/poisons held by responsible person 10](#_Toc94259508)

[18. Criminal check and NPC for responsible person 10](#_Toc94259509)

[19. Declaration by responsible person 11](#_Toc94259510)

[PART 4: PAYMENT and CHECKLIST 12](#_Toc94259511)

[20. Payment: 12](#_Toc94259512)

[21. Checklist 13](#_Toc94259513)

[PART 5: APPENDIX 14](#_Toc94259514)

[Appendix A: Certifying true copies of photographic identification 14](#_Toc94259515)

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| INSTRUCTIONS and INFORMATION | |
|  | This application form is for a new **Indent Licence** (also known as a sales broker) for a business located in WA to supply medicines or poisons  This application form **MUST** be completed by the nominated applicant who will be:   * the individual Licence holder or * a corporate officer, if the Licence is being issued to a body corporate or * a partner, if the Licence is to be issued to a partnership   The applicant must be suitably qualified and understand the requirements and terminology contained in this application form.  **All communication will ONLY be with the nominated Licence holder, corporate officer or partner.**  To request a change to an existing Licence, please complete an Application to Change an existing Indent Licence found at: [Application forms for Licences and Permits](https://ww2.health.wa.gov.au/Articles/A_E/Application-forms-for-Licences-and-Permits)  The Indent Licence holder does not take possession of the medicines or poisons on the Licence. The Indent Licence holder is required to determine that the person or business to which they are supplying the medicines or poisons is authorised to purchase those medicines or poisons and keep records of all sales in a manner compliant with the requirements of the Medicines and Poisons legislation. The Licence holder must also ensure medicines and poisons are only physically supplied from a supplier licensed in Western Australia under the Medicines and Poisons Act 2014 or licensed in another state or territory under equivalent legislation.  There are five parts to this form:  Part 1: Application form for an Indent Licence.  Part 2: Personal Information: Identification, Fitness and Probity to be completed by the nominated applicant.  Part 3: Personal Information: Identification, Fitness and Probity to be completed by the nominated responsible person.  Part 4: Payment and checklist.  Part 5: Appendix |
|  | **Licence holder, qualifications and experience**  **2.1** **Licences can be issued to:**   1. Individual applicants, who must:  * complete Part 2: Personal Information: Identification, Fitness and Probity and sign the declaration at Section 14. * have enough experience, knowledge and skills to assess whether a client is authorised to purchase medicines and poisons and be able to comply with record-keeping requirements and * have authority within the business to determine policies and procedures in relation to conducting an indent business involving medicines or poisons on the Licence. * provide a National Police Clearance (NPC) certificate which is less than 12 months old.  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 14. * each corporate officer or partner must provide a National Police Clearance (NPC) certificate which is less than 12 months old.   **2.2 Licences issued to a corporation or partnership**  The corporation or partnership must always employ a person who:   * has enough experience, knowledge and skills to assess whether a client is authorised to purchase medicines and poisons and be able to comply with record-keeping requirements and * have authority within the business to determine policies and procedures in relation to conducting an indent business involving the medicines and poisons on the Licence.   **2.3 Licence holder responsibilities**  The holder of an Indent Licence does not take possession of the medicines or poisons on the Licence.  The holder of an Indent Licence is required to determine that the person or business to which they are supplying the medicines or poisons is authorised to purchase those medicines or poisons and keep records of all sales in a manner compliant with the requirements of the Medicines and Poisons legislation.  The Licence 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 Licence.  If the Licence is issued, it is the responsibility of the applicant (Licence holder) to ensure compliance with the *Medicines and Poisons Act 2014* and Regulations 2016 and any conditions placed on the Licence.  There are penalties under the Act for providing false or misleading information when applying for a new Licence.  Compliance with all relevant parts of the [Australian code of good wholesaling practice for medicines in schedules 2, 3, 4 & 8](https://www.tga.gov.au/publication/australian-code-good-wholesaling-practice-medicines-schedules-2-3-4-8) is required for Indent licences dealing with human medicines.  Compliance with Notices issued under [Section 72 of the Medicines and Poisons Act 2014](https://ww2.health.wa.gov.au/Articles/N_R/Notices-Section-72) is required for licences dealing with Schedule 7 poisons.  There are penalties under the Act for providing false or misleading information when applying for a Licence.  The Licence holder must also consider whether they have capacity to ensure compliance with the *Medicines and Poisons Act 2014* and Regulations 2016 and compliance with conditions placed on the Licence for every premises listed on the Licence. The Department may request further information in relation to this capacity. |
|  | **Person responsible for a premises and qualifications and/or experience.**  An individual person must also be nominated as a responsible person to have overall responsibility for each premises to be included on the Licence. The role of the responsible person is to manage supply of the poisons on a day to day basis and be the contact person if the Licence holder is not available.  The responsible person for a premises must:   * be employed or contracted by the Licence holder * reside in WA * complete Part 3: Personal Information: Identification, Fitness and Probity * provide a National Police Clearance (NPC) certificate which is less than 12 months old and * sign the declaration at Section 19.   **3.1** **Responsible person for a Licence issued to an individual person** can be:   1. Licence holder, only if the Licence is issued to an individual person and not a corporation or partnership.   **or**   1. the most senior person at the premises who has qualifications and experience in managing an indent business.   **3.2 Responsible person for a Licence issued to a corporation or partnership** can be:   1. the most senior person at the premises who has relevant qualifications and experience in managing an indent business.   **or**   1. the person employed by the corporation or partnership as per instruction 2.2   Please note: a responsible person must consider whether they have capacity to oversee the day to day management of an indent business at every premises for which they are responsible. Where a single person is responsible for multiple premises, the Department may request further information in relation to this capacity. |

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|  | **Required documents**  The applicant and responsible person are required to submit copies of certain documents.  If documents are not in English, also attach a translation certified as completed by a National Accreditation Authority for Translators and Interpreters (NAATI) accredited translator.  Copies of photographic identification documents, such as a driver’s licence or passport must be certified as a true copy. A list of people who can certify copies of documents is found in Appendix A. |
|  | **Signatures**  All signatures must be signed in ink or via a verifiable electronic signature. An electronic signature is only acceptable if the submitted application allows the Department to verify the signature.  A “signature” that is copied and pasted and a “signature” that is the person’s name in a font style resembling handwriting will not be accepted.  The nominated Licence holder must sign the Declaration at Section 8 for obtaining a Licence.  If the Licence will be held by a corporation or partnership, a corporate officer or partner must sign the Declaration. |
|  | **Standard Operating Procedures (SOPs).**  This application requires the applicant to confirm the Indent business has a number of SOPs.  The Department may request that SOPs be made available for auditing purposes.  The issuing of a Licence does not imply approval or otherwise of the SOPs. |
|  | **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 submit this application as a Word document or PDF and not a photograph. |
|  | **Issuing a Licence**  Applying for a Licence does not guarantee a Licence 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 Licence.  If the Licence 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 Licence holder’s responsibility to inform the Department if the postal address changes.   If the Licence is not issued:   * the applicant will be provided with details of the reasons in writing, * the yearly Licence fee will be refunded, * the application fee is non-refundable. |
|  | **Extra Information**  When applying for a Licence, please refer to the: [Guide to applying for a Permit or Licence](https://ww2.health.wa.gov.au/Articles/A_E/Application-forms-for-Licences-and-Permits) |
|  | **Submitting the application**  Please email completed form and other requested documentation to: [mprb@health.wa.gov.au](mailto:mprb@health.wa.gov.au) |
| **Incomplete applications may be delayed or returned to the applicant** | |
| **Please keep a copy of the completed application form for reference** | |

# PART 1: **APPLICATION** for an INDENT LICENCE

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| Details of applicant (nominated Licence holder) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Refer to instruction number 2, for information on the requirements for being a Licence holder. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Legal Entity (may be different to business or trading name): | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | |
| Business or trading name: | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | |
| Type of Licence (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** | **Licence 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 Licence 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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**PART 1:** APPLICATION **for an INDENT LICENCE**

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| Licences 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: | | | | | | | | |
|  | | * enough experience, knowledge and skills to assess whether a client is authorised to purchase medicines and poisons and be able to comply with record-keeping requirements and | | | | | | | |
|  | | * has authority within the business to determine policies and procedures in relation to conducting an indent business involving the medicines and poisons on the Licence. | | | | | | | |
| **2.2** | **Name of current employee;** | | | | | | | | |
|  | Title: | | |  | Forename(s): |  | Surname: |  |  |
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| Purpose of indent licence | | | |
| Type of medicines or poisons sales (check all that apply): | | | |
| Human medicines | | Veterinary drugs | |
| Bulk industrial chemicals | | Pre-packaged industrial chemicals | |
| Pesticides/agricultural chemicals to  manufacturers or wholesalers | | Pesticides/agricultural chemicals to  farmers and pastoralists | |
| Other, specify: |  | |  |
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| Premises and building security details | | | | | | | | | | | | | | | | | | | | | | | | |
| Section 4 must be completed for every premises listed on the Licence. The premises is where orders are processed and records are kept. | | | | | | | | | | | | | | | | | | | | | | | | |
| Is this premises being bought from another indent business? | | | | | | | | | | | | | | | | | | | | | | | | |
| No | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes: | | Name of previous indent business: | | | | | | | |  | | | | | | | | | | |  | | | |
|  | | The Department requires the previous Licence holder at the relocated or new added premises to remove the premises from their Licence. The application to remove the premises from the previous Licence holder’s Licence must be received by the Department prior to adding the relocated or new added premises to your Licence. | | | | | | | | | | | | | | | | | | | | | | |
| **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: Licence will be issued with “Valid from” date on or after this date | | | | | | | | | | | | | | | | | | | | | | | |
| **4.2** | **Person responsible for premises** | | | | | | | | | | | | | | | | | | | | | | | |
|  | Refer to instruction number 3, for information on the requirements for being a responsible person for a premise | | | | | | | | | | | | | | | | | | | | | | | |
|  | Title: | |  | | Forename(s): | | |  | | | | | | Surname: | | |  | | | | | |  | |
|  | Nominated responsible person **must complete Part 3**: Personal Information: Identification, Fitness | | | | | | | | | | | | | | | | | | | | | | | |
| Section 4 continues next page | | | | | | | | | | | | | | | | | | | | | | | | |

**PART 1:** APPLICATION **for an INDENT LICENCE**

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| **4.3** | **Location of premises** | | | | | | | | | | |
|  | Commercial | | | Industrial | | | Rural | | Residential | | |
|  | Other- please specify: | | | |  | | | | | |  |
|  | 4.3.1 Is local government approval required to operate the indent business from the premises? | | | | | | | | | | |
|  |  |  | Yes: **attach** evidence of local government approval to operate the indent business from the premises. | | | | | | | | |
|  |  |  | No: Local government may be asked to comment on applications which may increase processing time | | | | | | | | |
| **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: | | | | |  | | | | |  |
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| Medicines and/or poisons to be supplied via an Indent Licence and access | | | | | | | | | | |
| Section 5 must be completed for every premises listed on the Licence | | | | | | | | | | |
| Please check all schedules of medicines and/or poisons that will be indented: | | | | | | | | | | |
| Schedule 2 | | | | | | Schedule 3 | Schedule 4 | Schedule 71 | Schedule 8 | |
| * 1. **List of individual products** (if applicable): | | | | | | | | | | |
|  | **If** the businessindenting individual products rather than multiple products within a schedule, please list below: | | | | | | | | | |
| |  |  | | --- | --- | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | | | | | | | | | | | |
| **1Note: If** indenting Schedule 7 poisons: Consult- Notices issued under Section 72 of the *Medicines and Poisons Act 2014* at: [Section 72 of the Medicines and Poisons Act 2014](https://ww2.health.wa.gov.au/Articles/N_R/Notices-Section-72) | | | | | | | | | | |
| **5.1 Employees and National Police Clearance Certificate (NPC)** | | | | | | | | | | |
|  | |  | | | Check to confirm if all staff with access to the indent ordering systems and records or who will be processing orders for medicines or poisons will have provided the Licencee with a copy of a recent (within 12 months) National Police Certificate (NPC) prior to being given access to the ordering and record systems. | | | | | |
| **5.2 Access to ordering systems and records** | | | | | | | | | | |
|  | |  | | Please check to confirm that only authorised persons, i.e. individual Licence holders, responsible person or other authorised staff employed by the business will have unsupervised access to the ordering systems and records. | | | | | | |
| **5.3 Preventing access to ordering systems and records** | | | | | | | | | | |
|  | Please describe how non-authorised staff such as reception staff, cleaners and the public (including family and children) will be prevented from having access to the ordering systems and records. | | | | | | | | | |
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**PART 1:** APPLICATION **for an INDENT LICENCE**

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| Standard Operating Procedures | |
| Please **confirm the business has** copies of the Standard Operating Procedures (SOP) which cover: | |
|  | **SOP** for authorising staff to **access** **ordering systems/records** and to process orders. SOP must support the following requirements: |
| 1. Staff training for recording and processing orders of human medicines aligns with the recommendations of the Australian Code of Good Wholesaling Practice for Medicines in Schedules 2, 3, 4 & 8. | |
| 1. Staff training for recording and processing orders of Schedule 7 aligns with the *Medicines and Poisons Act 2014* and Regulations 2016, if indenting Schedule 7 poisons. | |
| 1. Computer system is accessible to authorised persons only and system users are trackable. | |
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|  | **SOP** for ensuring medicines or poisons are only **supplied by** businesses holding an appropriate Licence under the *Medicines and Poisons Act 2014* and Regulations 2016. SOP must support the following requirements |
| 1. The indent licencee keeps a copy of the Licence (Wholesale or Schedule 7 Retail) held by the business that will supply the medicines or poisons. | |
| 1. Wholesale or Schedule 7 Retail Licence is checked to ensure:  * It includes the medicines and poisons requested by the purchaser * The address from which the medicines or poisons are supplied is listed on the suppliers Licence * There are no breaches to the conditions listed on the suppliers Licence * The suppliers Licence is current | |
|  | |
|  | **SOP** for ensuring medicines or poisons are only **received by** businesses holding an appropriate Licence or Permit under the *Medicines and Poisons Act 2014* and Regulations 2016. SOP must support the following requirements: |
| 1. The indent licensee keeps a copy of the Licence or Permit held by the business that will receive the medicines or poisons. | |
| 1. Licences and Permits are checked to ensure:  * It includes the medicines and poisons requested by the purchaser * Quantity ordered is not greater than the quantity listed on the purchaser’s Licence or Permit * The delivery address is listed as a premises on the purchaser’s Licence or Permit * There are no breaches to the conditions on the purchaser’s clients Licence or Permit * Purchaser’s Licence or Permit is current | |
|  | |
|  | **SOP** for ensuring **clients** have **received** the medicines or poisons they have ordered and reporting medicines or poisons lost or stolen in transit to the Department of Health. SOP must support the following requirements: |
| 1. Informing client when order has been processed and provide an estimated time of arrival. | |
| 1. Requesting a copy of signed delivery receipt. | |
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|  | **SOP** for dealing with customer return of **unwanted/unused stock**, receipt of **substandard stock** and **manufacturer recalls**. SOP must support the following requirements: |
| 1. Stock is returned to the wholesaler that supplied the medicines and poisons and NOT the indent licensee. | |
| 1. For human medicines, manufacturer recalls are managed according to the Australian Code of Good Wholesaling Practice for Medicines in Schedules 2, 3, 4 & 8 | |
|  | |
|  | **SOP** for **recording transactions** and **keeping records** involving medicines and poisons in accordance with the Medicines and Poisons legislation, including records security and retention. SOP must support the following requirements: |
| 1. Records are kept securely, only accessible to authorised persons and are readily available to the WA Department of Health for inspection. | |
| 1. A record of the medicines and poisons, the indent licensee has directed the wholesaler to supply is:  * Made on the day the indent licensee directs the wholesaler to supply the medicines or poisons and * Includes the following details: * The date when the medicines and poisons are to be supplied /delivered. * The name, quantity, strength, and form of the medicine and poison to be supplied. * The name and address of the business to whom the medicines and poisons are to be supplied. * The name and address of the wholesaler who has been directed to supply the medicines and poisons. * The Licence or Licence number of the purchaser and the Wholesale Licence number of the supplier. * The reference number on the invoice or other document evidencing the supply. | |
| 1. Records for the direction to supply medicines in Schedule 2, 3, and 4 are kept for a minimum of 2 years and for medicines in Schedule 8 and poisons in Schedule 7, records are kept for a minimum of 5 years. | |

**PART 1:** APPLICATION **for an INDENT LICENCE**

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| Multiple premises | |
| Will the indent business be conducted at multiple premises under this Licence? | |
| No | |
| Yes: complete Section 7.1 and 7.2. | |
| 7.1 Will the responsible person for the other premises be the same as the individual Licence 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. |
| 7.2 Will responses to Sections 3 and 6 be the same for the other premises as for the premises named in Section 4.1 | |
|  | Yes: Complete and **attach** Sections 4 and 5 for all other premises. |
|  | No: Complete and **attach** Sections 3,4,5 and 6 for all other premises. |
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| Declaration by applicant to obtain a Licence | | | | | | | | | | | | |
| This declaration relates to the application itself (Part 1) and must be signed by the individual or if the Licence 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 5 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: LICENCE HOLDER |

**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 10 must be completed by each corporate officer or each partner.

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| I**dentification of** applicant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Refer to instruction number 2, for information on the requirements for being a Licence holder. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **9.1 Personal Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title: | |  | | | Forename/s: | | | | |  | | | | Surname: | | | |  | | | | Date of birth: | | | |  | | |  |
| Address: | | | |  | | | | | | | | Suburb: | | | |  | | | | | | | Postcode: | | | |  | |  |
| Postal address: | | | | | | |  | | | | | | Suburb: | | | |  | | | | | | | Postcode: | | | |  |  |
| Mobile number: | | | | | |  | | | | | | | | | Email: | | | |  | | | | | | | | | |  |
| Position in business: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  |
| **9.2 Certified true copy of a photographic identification document** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ATTACH** a certified 1 copy of a WA State Government or Australian Government issued photographic identification document such as drivers’ licence or passport. Non-government issued identification documents will not be accepted. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1Copy of photographic identification document must be certified as a true copy by a person authorised to witness statutory declarations (see Appendix A for a list of persons authorised to certify a true copy). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **9.3 Role in relation to Licence** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | The individual who will hold the Licence on behalf of the business. Complete remainder of Part 2. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | A corporate officer: only applicable if the Licence will be issued to a body corporate. Type of corporate officer: | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | Director | | | | | | General Manager | | Company secretary | | | | | | | | | CEO | CFO | | | | COO | | | | |
|  |  | | Complete Sections 11,12,13 and 14 in Part 2 and **attach** a CV1 | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | A partner: only applicable if the Licence will be issued to a partnership | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | Complete Sections 11,12,13 and 14 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 Licence.  Do not complete this section, if the Licence is being issued to a corporation or partnership. | | | |
| Refer to instruction number 2 for information on the requirements for being an individual Licence holder. | | | |
| **10.1** Please **attach** copies of:   * any qualifications relevant to managing an indent business **and** * CV demonstrating your suitability as a Licence holder. | | | |
| **10.3 Access to indent software etc and records and authority within the business** | | | |
|  |  | Check to confirm that you will always have access to the indent ordering systems and records at the premises listed on the Licence. |
|  |  | Please check to confirm that, you will have authority within the business to determine policies and procedures in relation to managing the ordering systems and records. |
| You may also be asked to provide extra information regarding your qualifications and experience. | | | |

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

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| --- | --- | --- |
| Prior permits/licences for medicines/poisons held by applicant | | |
| To be completed by the nominated individual Licence holder, each corporate officer or each partner | | |
| **11.1** | Have you (or a company of which you were a corporate officer or a partner) previously held a Permit or Licence, under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory, that was suspended or cancelled? | |
|  | No | |
|  | Yes: please provide details of the Permit or Licence number, the name of the business, when the cancellation or suspension occurred, the reason for the cancellation or suspension and which state or territory the cancellation or suspension occurred in: | |
|  |  |  |
|  |  |  |
| **11.2** | Have you (or a company of which you were a corporate officer) ever been refused a Permit or Licence under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory? | |
|  | No | |
|  | Yes: please provide details of the name of the business, what type of Permit or Licence you applied for, why your application was refused and which state or territory the refusal occurred in: | |
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| Criminal check and NPC for applicant | |
| To be completed by the nominated individual Licence holder, each corporate officer or each partner. | |
| **12.1** | **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 |
| **12.2** | Please **attach** a copy of your National **Police Clearance (**NPC), which is less than 12 months old. |
| **12.3** | Have you been convicted of, or have charges pending for indictable1 offences since the date on your NPC? |
|  | No |
|  | Yes: you must **attach** full details in the form of a Statutory Declaration. Your declaration must include the:   * Name of the court including state/territory or country, all relevant dates and any sentences received * The nature of the alleged offence and circumstances surrounding the offences |
|  | 1 Minor traffic offences are not classified as indictable offences |

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| Financial resources ofapplicant | | | | | |
| To be completed by the nominated Licence holder, each corporate officer or each partner | | | | | |
| **13.1** | Have you been declared bankrupt or a debtor under any bankruptcy law? | | | | |
|  | No | | | | |
|  | Yes: What date was/will your bankruptcy be discharged? |  | |  | |
| **13.2** | Have you ever been a corporate officer of a company that was wound up or subject to an application for, or placed in, receivership or liquidation? | | Yes | | No |
|  | | | | | |

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

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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 5 for information on acceptable signatures. | | | | | | | |
|  | In accordance with Section 39 of the *Medicines and Poisons Act 2014*, I give consent to the Western Australian Department of Health to carry out all relevant searches to determine my fitness and probity in relation to holding an Indent Licence. These searches may include (without limitation) corporate searches, checks with health professional registration boards (including registration status and release of information on any current or ongoing investigations) and criminal record checks. I also understand I may be requested to provide further information relevant to determining fitness and probity. | | | | | | |
|  | I am at least 21 years of age. | | | | | | |
|  | The information contained in this application form is true and correct. | | | | | | |
|  | I am aware there are penalties under the *Medicines and Poisons Act 2014* for providing false or misleading information. | | | | | | |
|  | I am aware of my responsibility for the safe storage and use of the poisons and will ensure compliance with the *Medicines and Poisons Act 2014* and Medicines and Poisons Regulations 2016, and compliance with conditions placed on the Licence. | | | | | | |
|  | I will notify the Department of Health if I am no longer employed by the business, 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

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| Identification of responsible person | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The role of the responsible person is to manage the indent business on a day to day basis and be the contact person, if the Licence holder is not available. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Refer to instruction number 3, for information on the requirements for being a responsible person for a premises. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **15.1** Will the individual applicant applying to be Licence holder also be responsible for the premises named in Section 4.1? | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Yes: Confirm name: | | | | | | | Title: | |  | Forename/s: | | | | |  | | | Surname: | | |  | | |  | | | |
|  | | There is no requirement to complete Part 3 | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | No: complete remainder of Part 3. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **15.2 Personal details of responsible person** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Title: | |  | Forename/s: | | | | |  | | | | | Surname: | | | |  | | Date of birth: | | | |  |  | | | |
|  | Postal Address: | | | | |  | | | | | | Suburb: | | |  | | | | | | Postcode: | |  | | |  | | |
|  | Mobile number: | | | |  | | | | | | | | email: | | | |  | | | | | | | | | |  | |
|  | Position in business: | | | | | |  | | | | | | | | | | | | | | | | | | | | |  |
| **15.3 Certifiedtrue copy of a photographic identification document** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **ATTACH** a certified 1 copy of a WA State Government or Australian Government issued photographic identification document such as drivers’ licence or passport. Non-government issued identification documents will not be accepted. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 1 Copy of photographic identification document must be certified as a true copy by a person authorised to witness statutory declarations (see Appendix A for a list of persons authorised to certify a true copy). | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Qualifications and experience of responsible person |
| Refer to instruction number 3 for information on the requirements for being a responsible person for a premises. |
| **16.1** Please **attach** copies of:   * any qualifications relevant to managing an indent business **and** * CV demonstrating your suitability as a responsible person. |
| You may also be asked to provide extra information regarding your qualifications and experience. |

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

|  |  |  |
| --- | --- | --- |
| Prior permits/licences for medicines/poisons held by responsible person | | |
| **17.1** | Have you (or a company of which you were a corporate officer or a partner) previously held a Permit or Licence, under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory, that was suspended or cancelled? | |
|  | No | |
|  | Yes: please provide details of the Permit or Licence number, the name of the business, when the cancellation or suspension occurred, the reason for the cancellation or suspension and which state or territory the cancellation or suspension occurred in: | |
|  |  |  |
|  |  |  |
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|  | | |
| **17.2** | Have you (or a company of which you were a corporate officer) ever been refused a Permit or Licence under the *Medicines and Poisons Act 2014* or a repealed corresponding law, or a corresponding law in another state or territory? | |
|  | No | |
|  | Yes: please provide details of the name of the business, what type of Permit or Licence you applied for, why your application was refused and which state or territory the refusal occurred in: | |
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| Criminal check and NPC for responsible person | |
| **18.1** | **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 |
| **18.2** | Please **attach** a copy of your **National Police Clearance certificate** (NPC) which is less than 12 months old**.** |
| **18.3** | Have you been convicted of, or have charges pending for indictable1 offences since the date shown on your NPC? |
|  | No |
|  | Yes: you must **attach** full details in the form of a Statutory Declaration. Your declaration must include the:   * Name of the court including state/territory or country, all relevant dates and any sentences received * The nature of the alleged offence and circumstances surrounding the offences |
|  | 1 Minor traffic offences are not classified as indictable offences |

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Declaration by responsible person | | | | | | |
| This declaration must be signed by the nominated responsible person and includes probity check consent.  Please refer to Instruction 5 for information on acceptable signatures. | | | | | | |
| 1. I acknowledge my role is to manage the poisons on a day to day basis and be the contact person, if the Licence holder is not available. | | | | | | |
| 1. I give consent to the Western Australian Department of Health to carry out all relevant searches to determine my fitness and probity to be named as the responsible person on an Indent Licence. These searches may include (without limitation) corporate searches, and criminal record checks. I also understand I may be requested to provide further information relevant to determining fitness and probity. | | | | | | |
| 1. I am at least 21 years of age. | | | | | | |
| 1. The information contained in this application form is true and correct. | | | | | | |
| Signature: |  | Name: |  | Date: |  |  |
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| PART 4: PAYMENT and CHECKLIST |

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| Payment: | | | | | | | | | | | | | | | | | |
| **Fee: $264** | | | | | | | | | | | | | | | | | |
| Comprising a non-refundable application fee of $158 and 1 year Licence of fee $106  Licence fee will only be refunded if the Licence is not issued. | | | | | | | | | | | | | | | | | |
| * + 1. Credit Card – American Express and Diners not accepted | | | | | | | | | | | | | | | | | |
|  | Card type: | MasterCard | | | | | Visa | | | | | | | | | | |
|  | Name on card: |  | | | | | | | Card number: |  | | | | | | |  |
|  | Expiry date: |  | | | | Amount:  **$264** | | | | | | | | | | | |
|  | 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: **$264** | | | | | |
|  | 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 an Indent Licence** | |
|  | If the Licence 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 Licence holder (Section 4.2) |
|  | If applicable, evidence of local government approval to operate an Indent business from the premises (Section 4.3.1) |
|  | Copy of relevant sections if there are multiple premises (Section 7) |
|  | Declaration signed and dated by **applicant** (individual Licence holder, corporate officer or partner)(Section 8) |
| **Part 2: Personal information, fitness and probity for applicant (nominated Licence holder):**  **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 9.2) 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 9.3) |
|  | If applying as an individual person, attach copies of qualifications and CV. (Section 10.1) |
|  | 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 12.1) |
|  | A copy of the NPC Certificate which is less than 12 months old (Section 12.2) |
|  | If applicable, a Statutory Declaration relating to an indictable offence since the date on the NPC. (Section 12.3) |
|  | Declaration about personal information signed by applicant (individual Licence holder, corporate officer or partner (Section 14) |
| **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 15.3) See Appendix A for a list of persons authorised to witness a signature |
|  | Copies of qualifications and CV. (Section 16.1) |
|  | 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 18.1) |
|  | A copy of the NPC Certificate which is less than 12 months old (Section 18.2) |
|  | If applicable, a Statutory Declaration relating to an indictable offence since the date on the NPC. (Section18.3) |
|  | Declaration about personal information signed by responsible person (Section 19) |
| **Part 4: Declaration and Payment** | |
|  | Payment details completed with correct signature if paying by credit card (Section 20) |

# 

# 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 |  |