



Application to change a Health Service Permit (Ambulance Service or Event Medical Service)

Medicines and Poisons Act 2014



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INSTRUCTIONS and INFORMATION

1.	<p>This form is for requesting changes to an existing Health Service Permit (for an Ambulance or Event Medical Service) issued under the <i>Medicines and Poisons Act 2014</i>.</p> <p>This form MUST be completed by the current Permit holder or incoming Permit holder who is suitably qualified and understands the requirements and terminology contained in this application.</p> <p>If the Permit holder is a corporation or partnership, this form must be completed by the corporate officer or partner who originally applied for the Permit.</p> <p>All communication will ONLY be with the Permit holder, corporate officer or partner.</p>
2.	<p>Types of changes that cannot be applied for using this form</p> <p>DO NOT USE THIS FORM, if:</p> <ul style="list-style-type: none">• The Permit holder is changing from an individual person to a Permit held by a corporation or partnership, or• The Permit holder is changing from a corporation or partnership to an individual person or• The business has a new owner. <p>These types of changes require the submission of a completely new application for an Ambulance Service Permit, found at: Application forms for Licences and Permits</p> <p>Permits cannot be transferred between one business entity and another.</p>
3.	<p>There are five parts to this form:</p> <p>Part 1 – Sections 1 to 21: Application to change an Ambulance Service Permit.</p> <p>Part 2 – Sections 22 to 28: Personal Information: new individual Permit holder, corporate officer or partner</p> <p>Part 3 – Sections 29 to 33: Personal Information: new responsible person for a premises</p> <p>Part 4 – Sections 34, 35: Payment and checklist.</p> <p>Part 5 – Appendices</p>
4.	<p>Fees are not payable for the following type of changes to a Health Service Permit (Ambulance or Event Medical Service):</p> <ul style="list-style-type: none">• Change of postal addresses or other contact details• Change to a person responsible for a premises• Removal of premises from the Permit• Removal of certain medicines from the Permit• Upgrade of storage or security such as installation of CCTV.
5.	<p>A fee of \$90 is payable for the following type of changes to a Health Service Permit (Ambulance or Event Medical):</p> <ul style="list-style-type: none">• Change of individual Permit holder (no change of ownership of the business)• Change of a corporate officer (only for Permits issued to a body corporate and not an individual person)• Increase the quantity of medicines on the Permit• Addition of medicines to the Permit• Relocation of an existing premises to a new location• Addition of a new premises to the to the Permit• Change of business or trading name without changing legal entity (no change of ownership)• Variation in the activities undertaken under the Permit <p>Note: some variations may require a new application and issue of a different Permit type)</p>



6.	<p>Changing the Permit holder for a Permit held by an individual medical practitioner The person nominated as the new Permit holder must also complete Part 2 Personal Information: Identification, Fitness and Probity and sign the declaration at Section 28.</p> <p>6.1 Qualifications of person nominated as the new individual Permit holder: The new Permit holder:</p> <ul style="list-style-type: none"> • must be medical practitioner, registered with Australian Health Practitioner Regulation Agency (AHPRA) • must have authority within the business to determine policies and procedures in relation to handling and managing medicines on the Permit and • can issue Structured Administration and Supply Arrangement (SASA)¹ documents which allow authorised health professionals to administer medicines. <p>6.2 Permit holder responsibilities It is the responsibility of the Permit holder to ensure compliance with the <i>Medicines and Poisons Act 2014</i> and Regulations 2016 and compliance with conditions placed on the Permit. The new Permit holder must also consider whether they have capacity to ensure compliance with the <i>Medicines and Poisons Act 2014</i> and Regulations 2016 and compliance with conditions placed on the Permit for <u>every</u> premises listed on the Permit. The Department may request further information in relation to this capacity. There are penalties under the Act for providing false or misleading information when applying for a change to an existing Permit.</p> <p>¹Information about SASAs can be found at: Information about SASAs</p>
7.	<p>Changing the person responsible for a premises listed on the Permit A new responsible person will have overall responsibility for and manage the medicines on a day to day basis and be the contact person if the Permit holder is not available.</p> <p>The responsible person for a premises must:</p> <ul style="list-style-type: none"> • be employed or contracted by the Permit holder • reside in WA • complete Part 3: Personal Information: Identification, Fitness and Probity and sign the declaration at Section 33. <p>7.1 Responsible person for a Permit issued to an individual medical practitioner Responsible person for a premises when a Permit is issued to a medical practitioner can:</p> <ol style="list-style-type: none"> a) the medical practitioner who is also the Permit holder <p>or</p> <ol style="list-style-type: none"> b) the most senior medical practitioner nurse practitioner, registered nurse or registered paramedic at the premises <p>7.2 Responsible person for a permit issued to a corporation or partnership Responsible person for a premises when a Permit is issued to a corporation or partnership can be:</p> <ol style="list-style-type: none"> a) the most senior medical practitioner at the premises <p>or</p> <ol style="list-style-type: none"> b) the Medical Director (medical practitioner) employed by the corporation or partnership who has authority to determine policies and procedures to manage the medicines. <p>Please note: a responsible person must consider whether they have capacity to oversee the day to day management of the 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.</p>
8.	<p>Changing a corporate officer or partner for a Permit that is held by a corporation or partnership. A new partner or corporate officer (directors, company secretary, chief executive officer or general manager and chief financial officer) must also complete Part 2: Personal Information: Identification, Fitness and Probity and sign the declaration at Section 28.</p>



9.	Relocation or addition of a premises If a premises listed on an existing Ambulance Service Permit: <ul style="list-style-type: none">• is being <u>relocated</u> to a different premise or• another premises is being <u>added</u> to the existing Ambulance Service Permit: and the relocated or added premises (second premises) is currently listed on a different Permit:<ul style="list-style-type: none">○ the application will not be processed until the Permit holder at the second premises has submitted an application to the Department to have their premises removed from their Permit.○ In such cases, Permit holders requesting the relocation or addition of a new premises may wish to liaise with the Permit holder at the second premises to ensure the Department of Health is appropriately advised.
10.	Relocation or addition of a premises If a premises listed on an existing Ambulance Service Permit: <ul style="list-style-type: none">• is being <u>relocated</u> to a different premise or• another premises is being <u>added</u> to the existing Ambulance Service Permit: and the relocated or added premises (second premises) is currently listed on a different Permit:<ul style="list-style-type: none">○ the application will not be processed until the Permit holder at the second premises has submitted an application to the Department to have their premises removed from their Permit. In such cases, Permit holders requesting the relocation or addition of a new premises should liaise with the Permit holder at the second premises to ensure the Department is appropriately advised.
11.	Schedule 2, 3, 4 and 8 medicines Sections 15 relates to the storage and use of Schedule of 2,3, and 4 medicines and Section 16 relates to Schedule 8 (Controlled Drug) medicines.
12.	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.
13.	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 current Permit holder must sign the Declaration for making a change to the Permit at Section 21. 13.1 Who can sign for a change to an Ambulance Service Permit: If the Ambulance Service Permit is held by an individual person and the change is to request a new individual Permit holder within the same business and the current Permit holder is no longer employed by the business: <ul style="list-style-type: none">• the new Permit holder should sign the Declaration and provide the reason the current Permit holder cannot sign the Declaration. If the Ambulance Service Permit is held by a partnership or body corporate, the person who signed the original Permit application should sign the Declaration.
14.	Approving a change to a Permit Applying for a change to an existing Permit does not guarantee the requested changes will be approved.



15.	Processing applications Applications will be processed in order of receipt after payment has been confirmed by Finance. To ensure a timely decision about your application please: <ul style="list-style-type: none">• 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,• Do not submit your application as a digital image (photograph).
16.	Extra information When applying for a change to an existing Permit, refer to the: Guide to applying for a Licence or Permit
17.	Submitting the application Please email completed form and other requested documentation to: mprb@health.wa.gov.au
Incomplete applications may be delayed or returned to the applicant	

Please keep a copy of the completed application form for reference

PART 1: APPLICATION to change an AMBULANCE SERVICE PERMIT

1. General information		
Permit number:	Name of current Permit holder:	
Postal address:	Suburb:	Postcode:
Telephone:	Fax:	Email:
1.2 Type of change		
Please check whichever applies:		
Changes without a fee	Complete	
<input type="checkbox"/> Change of postal addresses or other contact details	Part 1: Sections 2,21	
<input type="checkbox"/> Change to a person responsible for a premises	Part 1: Sections 3,21 Part 3: Sections 29 to 33	
<input type="checkbox"/> Remove a premises from the Permit	Part 1: Sections 4,6,21	
<input type="checkbox"/> Remove certain medicines form the Permit	Part 1: Sections 5,6,21	
<input type="checkbox"/> Upgrade to storage and security Upgrade drug safe	Part 1: Sections 7,21 Part 1: Sections 7, 16.1,16.3,21	
Changes with a fee of \$90		
<input type="checkbox"/> Change of individual Permit holder	Part 1: Sections 8, 21 Part 2: Sections 22 to 28 Part 4: Section 34	
<input type="checkbox"/> Change of corporate officer or partner	Part 1: Sections 9,21 Part 2: Sections 22,25,26,27,28 Part 4: Section 34	
<input type="checkbox"/> Increase quantity of medicines already listed on the Permit If increasing quantity of Schedule 8 medicines on the Permit	Part 1: Sections 10,21 Plus Sections 16.1, 16.3 Part 4: Section 34	
<input type="checkbox"/> Addition of certain Schedule 2,3, and 4 medicines to the Permit If adding Schedule 8 medicines to the Permit	Part 1: Sections 11,21 Plus Section 16 Part 4: Section 34	
<input type="checkbox"/> Relocation of an existing premises to a new premises If relocated premises will be storing Schedule 8 medicines	Part 1: Sections 12,14,15,18,21 Plus Section 16 Part 4: Section 34	
<input type="checkbox"/> Addition of another new premises to the Permit If new added premises will be storing Schedule 8 medicines	Part 1: Sections 13,14,15,18, 21 Plus Section 16 Part 4: Section 34	
<input type="checkbox"/> Change of business or trading name without any change of the legal entity	Part 1: Section 19,21 Part 4: Section 34	
<input type="checkbox"/> Variation in activities undertaken under the Permit, including use of the medicines	Part 1: Section 20,21 Part 4: Section 34	
Note: if making multiple changes, only pay one fee of \$90		
1.3 Additional information to support application (optional):		



PART 1: APPLICATION to change an AMBULANCE SERVICE PERMIT
Changes without a fee

2. Change of postal address and other contact details

New Postal Address*: Suburb: Postcode:

Telephone: Fax: Email:

* Renewal reminders will be sent to this address

3. Change the person responsible for a premises listed on the Permit

Refer to instruction number 8 for information on the requirements for being a responsible person for a premises.

Premises name:

Address: Suburb: Postcode:

Name of new incoming responsible person for this premises:

Title: Forename/s: Surname:

3.1 Details about the new person responsible for a premises listed on the Permit

Is the new responsible person also the Permit holder or responsible for another premises listed on the Permit?

☐ Yes: Confirm name: Title: Forename(s): Surname:

There is no requirement to complete Part 3.

☐ No: the new responsible person for the above-named premises, must complete and **attach** Part 3: Personal Information: Identification, Fitness and Probity

4. Remove a premises from the Permit

Premises name:

Address: Suburb: Postcode:

Date the service will cease providing an ambulance service from this premises:

Is the business being sold to another ambulance service? See instruction number 10.

4.1 ☐ Yes: please provide the name of the new ambulance service:

4.2 ☐ No, is there any remaining stock of medicines left?

☐ No ☐ Yes: please also complete Sections 6

5. Remove certain medicines from the Permit

Premises name:

Address: Suburb: Postcode:

5.1 Please indicate the schedule of the medicines being removed from the above-named premises:

☐ Schedule 2- Pharmacy medicine ☐ Schedule 3 – Pharmacist only medicine
☐ Schedule 4 – Prescription only medicine ☐ Schedule 8 – Controlled drug

If only a small number of specific individual medicines are to be removed from the premises, please list below:

5.2 Is there any remaining stock left of the medicines being removed from the Permit at the above-named premises

☐ No ☐ Yes: please also complete Sections 6



PART 1: APPLICATION to change an AMBULANCE SERVICE PERMIT
Changes without a fee

6. Information about disposal of medicines

Is there any remaining medicines left at the premises which is being removed from the Permit (Section 4) or is there any remaining stock of certain medicines being removed from the Permit (Section 5)?

- ☐ No
☐ Yes: complete Section 6.1 and 6.2

6.1 What will happen to the remaining Schedule 2,3 and 4 medicines?

- ☐ Transferred to the ambulance service taking over the premises:
Name of the new ambulance service:
or
- ☐ Transferred to a different premises listed on the Permit:
Name of premises:
or
- ☐ Returned to Permit holder, only if the Permit holder is a medical practitioner and not a corporation or partnership
or
- ☐ Returned to wholesaler for disposal
Name of wholesaler:
or
- ☐ *Destroyed* at the premises, placed into a sharp's container, collected by a licensed clinical waste disposal service and incinerated¹
Name of licensed clinical waste disposal service:

6.2 Schedule 8 medicines (Controlled Drug)

Are any Schedule 8 medicines remaining?

- ☐ No
☐ Yes
☐ Please confirm an inventory of **S8** medicines will be conducted before leaving the premises or removing the Schedule 8 medicines from the Permit.

What will happen to the remaining Schedule 8 medicines?

- ☐ they will be transferred to the ambulance service taking over the premises, transferred to a different premises on the Permit, returned to the Permit holder or wholesaler **or**
- ☐ they will be destroyed at the premises and collected by a licenced clinical waste disposal service – please confirm the following:
- ☐ S8 medicines will be *destroyed* by making them unidentifiable and unusable¹
- ☐ destruction will be **conducted** by persons authorised by Medicines and Poisons Regulations 2016²
- ☐ destruction will be **witnessed** by persons authorised by Medicines and Poisons Regulations 2016²

¹ [Disposal of medicines](#)

² Persons authorised to destroy and make S8 medicines unidentifiable and persons authorised to witness this process include health professionals permitted to possess S8 medicines such as medical practitioners, registered nurses, paramedics, pharmacists and must be two different people.



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Changes without a fee

7. Upgrading storage and security

Premises name:

Address:

Suburb:

Postcode:

Describe the change to the way the medicines are stored or the change to premises security:

7.1 Upgrading a drug safe

If upgrading a drug safe for storing medicines in Schedule 8 please complete Sections 16.1 and 16.3. Do not make a payment if the Permit currently lists Schedule 8 medicines and the change is for upgrading the drug safe only.



PART 1: APPLICATION to change an AMBULANCE SERVICE PERMIT
Changes with a fee

8. Change of individual Permit holder

Complete this section only if the new Permit holder is an individual medical practitioner

Refer to instruction number 6, for information on the requirements for being an individual Permit holder.

8.1 Name of new incoming permit holder:

Dr. Forename/s:

Surname:

Address:

Suburb:

Postcode

Telephone /Mobile:

Email:

Position in business:

AHPRA registration number:

A new Permit holder must complete and **attach** Part 2: Personal Information: Identification, Fitness and Probity.

9. Change of corporate officer or partner

Note: Only applicable if the permit has been issued to a body corporate or company and not to an individual person.

9.1 Name of new incoming corporate officer or partner

Title:

Forename/s:

Surname:

Address:

Suburb:

Postcode:

Telephone/Mobile:

Email:

Corporate officer/partner must complete and **attach** Part 2: Personal Information: Identification, Fitness and Probity

9.2 Name of outgoing corporate officer or partner

Title:

Forename(s):

Surname:

9.3 Please **attach** a copy of the Current and Historical Company Extract from ASIC which includes details of all past and current corporate officers.

10. Increase quantity of medicines

Premises name:

Address:

Suburb:

Postcode:

10.1 Medicines having their quantities increased at the above-named premises

Medicine	Quantity on current Permit	Increase quantity to

10.2 Increasing quantity of Schedule 8 medicines

If increasing the quantity of a Schedule 8 medicine/s, complete Sections 16.1 and 16.3. The total number of human doses of Schedule 8 medicines stored at the premises will have to be calculated to determine if the current safe is still compliant.



PART 1: APPLICATION to change an AMBULANCE SERVICE PERMIT
Changes with a fee

11. Addition of medicines

Premises name:

Address:

Suburb:

Postcode:

11.1 Medicines to be added to the above-named premises

- ☐ Schedule 2- Pharmacy medicine ☐ Schedule 3 – Pharmacist only medicine
☐ Schedule 4 – Prescription only medicine ☐ Schedule 8 – Controlled drug: plus, complete Section 16,

If only a small number of specific individual medicines are to added, please list below:

11.2 Storage and temperature monitoring of Schedule 2, 3, and 4 medicines added to the Permit

11.2.1 Storage of non- refrigerated medicines in Schedule 2, 3, and 4 (Please check which one applies)

- ☐ Locked room ☐ Locked cupboard

11.2.2 Storage of refrigerated medicines in Schedule 2, 3, and 4 (Please check which one applies)

- ☐ Locked room with refrigerator ☐ Locked refrigerator N/A no refrigerated medicines

11.2.3 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 that can download data.
☐ Normal refrigerator with temperature data logger that can download 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.

11.3 Usage of the medicines being added to the Permit

Will the medicines being added, be used for the same purpose as other medicines listed on the Permit?

- ☐ Yes
☐ No: please describe the purpose for which the medicines will used:

Some variations in the conditions of use may require a new application for a different type of Permit



PART 1: APPLICATION to change an AMBULANCE SERVICE PERMIT
Changes with a fee

12. Relocation of an existing premises

12.1 Current address of premises:

Premises name:

Address:

Suburb:

Postcode:

12.2 New address of relocated premises:

Premises name:

Address:

Suburb:

Postcode:

Telephone:

Fax:

Email:

Date of possession of the premises (settlement date/lease commencement/handover of premises):

Note: Permit will be issued with "Valid from" date on or after this date.

12.3 Plus, complete Sections 14,15,18,21 and 34 (payment) and complete all of Section 16 if Schedule 8 medicines will be stored at the relocated premises.

13. Addition of another new premises

13.1 Premises name:

Premises Address:

Suburb:

Postcode:

Telephone:

Fax:

Email:

Date of possession of the premises (settlement date/lease commencement/handover of premises)

Note: Permit will be issued with "Valid from" date on or after this date.

13.2 Plus, complete Sections 14,15,18,21 and 34 (payment) and complete all of Section 16 if Schedule 8 medicines will be stored at the new added premises.



PART 1: APPLICATION to change an AMBULANCE SERVICE PERMIT
Changes with a fee

14. Information about the relocated or new added premises

Is this premises being transferred from a different ambulance service? please see instruction number 10.

☐ No ☐ Yes: Name of ambulance service:

The Department requires the previous Permit holder at the relocated or new added premises to remove the premises from their Permit. The application to remove the premises from the previous Permit holder's Permit must be received by the Department prior to adding the relocated or new added premises to your Permit.

14.1 Person responsible for the relocated or new added premises

Title: Forename/s: Surname:

Position in business:

Is the responsible person for the relocated or new added premises also:

- responsible for the premises at the current address or
- responsible for another premises listed on the Permit or
- the Permit holder?

☐ Yes

☐ No: the responsible person for the relocated or new added premises must complete and **attach** Part 3: Personal Information: Identification, Fitness and Probity.

14.2 Location of relocated or new added premises

☐ Commercial ☐ Industrial ☐ Rural

☐ Other-please specify:

14.2.1 Is local government approval required to operate the ambulance service from the premises?

☐ Yes: **Attach** evidence of local government approval to operate the business from the premises

☐ No: Local government may be asked to comment on applications which may increase processing time.

14.3 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:

14.4 Qualifications of staff who will be administering medicines:

☐ Medical practitioner ☐ Registered nurse¹ ☐ Enrolled nurse² ☐ AHPRA registered paramedic

☐ Medic³ not an AHPRA registered health practitioner with authority to administer medicine

☐ Please check to confirm all medics employed by the Ambulance Service have a minimum qualification of Cert IV in Healthcare Ambulance or equivalent from a RTO.

☐ Please check to confirm all medics (not an AHPRA registered health practitioner with authority to administer medicine) employed by the Ambulance Service provide a National Police Clearance certificate (NPC) which is less than 12 months, prior to commencing employment.

¹ Includes nurse practitioner

² An enrolled nurse can administer medicines unless they have a notation on their registration which advises that they have not completed medication education

³ Other 1st aid training but not a degree/diploma in paramedical science from a university or RTO

14.5 What scope of activities will be provided by the ambulance service at the relocated or new added premises

☐ Event support: first aid at events only ☐ Event support: comprehensive medical support / transport

☐ Patient transfers (inter-hospital, hospital to home) ☐ On-call emergency ambulance service

☐ Training ☐ Other- please describe:

☐ Please check to confirm scheduled medicines will be returned to storage at the base premises when ambulance vehicles are not in use.



PART 1: APPLICATION to change an AMBULANCE SERVICE PERMIT
Changes with a fee

15. Information about the medicines at relocated or new added premises

List of medicines to be used at relocated or new added premises

Please check all the apply:

- ☐ Schedule 2- Pharmacy medicine ☐ Schedule 3 – Pharmacist only medicine
☐ Schedule 4 – Prescription only medicine ☐ Schedule 8 – Controlled drug: plus, complete Section 16

If only a small number of individual medicines will be required at relocated or new added premises, please list:

15.1 Storage and temperature monitoring of Schedule 2, 3, and 4 medicines

15.1.1 Storage of non- refrigerated medicines in Schedule 2, 3, and 4 (Please check which one applies)

- ☐ Locked room ☐ Locked cupboard

15.1.2 Storage of refrigerated medicines in Schedule 2, 3, and 4 (Please check which one applies)

- ☐ Locked room with refrigerator ☐ Locked refrigerator N/A no refrigerated medicines

15.1.3 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 that can download data.
☐ Normal refrigerator with temperature data logger that can download 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.

15.2 Storage area for medicines in Schedule 2,3, and 4 at new or relocated premises

Please provide information for all areas storing Schedule 2,3 and 4 medicines at the premises:

Building name/number, room number/room name	Building name/number, room number/room name

15.3 Usage of the medicines at the relocated or new added premises

Will the medicines at the relocated or new premises be used for the same purpose as at the previous premises or other premises on the Permit?

- ☐ Yes
☐ No: please describe the purpose for which the medicines will used:

Some variations in the conditions of use may require a new application for a different type of Permit

Section 15 continues next page



PART 1: APPLICATION to change an AMBULANCE SERVICE PERMIT
Changes with a fee

15.4 Administration of Schedule 4 medicines at relocated or new added premises

Type of health practitioner authorising administration of Schedule 4 medicines to patients

Please note, under the Medicines and Poisons Regulations 2016 authority to administer Schedule 2 and 3 medicines is not required to be given by a medical practitioner

15.4.1 ☐ **Medical Practitioner**

a) **Administration** of **Schedule 4 medicines** (please check ONE option only):

- ☐ Doses of **Schedule 4** medicines will only be *administered* by the medical practitioner or in accordance with a direction by a medical practitioner for each individual patient **OR**
- ☐ A combination of individual directions to *administer* and Structured Administration and Supply Arrangements (SASAs)¹ will be used for *administration* of doses of Schedule 4 medicines **OR**
- ☐ All *administration* of doses of Schedule 4 will be in accordance with a SASA¹

¹Note: Structured Administration and Supply Arrangements (SASA's) can only be written:

- and **approved by a medical practitioner** and not a nurse practitioner.
- for acute conditions or a public health program

Information on SASAs are available at: [Structured Administration and Supply Arrangements](#)

Once completed, copies of SASAs must be forwarded to MPRB.

Completion of SASAs is not required as part of the Permit application process.

15.4.2 ☐ **Nurse Practitioner**

a) **Administration** of **Schedule 4 medicines**

- ☐ Check to confirm that **Schedule 4** medicines will only be *administered* by a nurse practitioner or in accordance with a direction by a nurse practitioner for each individual patient.

Please note, under the Medicines and Poisons Regulations 2016 authority to administer Schedule 2 and 3 medicines is not required to be given by a medical practitioner.

15.5 Qualifications of staff who will be administering Schedule 4 medicines

- ☐ Medical practitioner ☐ Registered nurse ☐ Enrolled nurse ☐ AHPRA registered paramedic
- ☐ Medic: not an AHPRA registered health practitioner with authority to administer medicine
- ☐ Check to confirm, medics employed by the Ambulance Service have a minimum qualification: Cert IV in Healthcare Ambulance or equivalent from a RTO.
- ☐ Please check to confirm all medics employed by the Ambulance Service provide a National Police Clearance certificate (NPC) which is less than 12 months, prior to commencing employment

¹ Includes nurse practitioner

² An enrolled nurse can administer medicines unless they have a notation on their registration which advises that they have not completed medication education

³ Other first aid training but not a degree, or diploma in paramedical science from a university or RTO



PART 1: APPLICATION to change an AMBULANCE SERVICE PERMIT
Changes with a fee

16. Schedule 8 medicines (Controlled Drug)

Complete Sections 16.1 and 16.3 if the drug safe has been upgraded as per Section 7.1
Complete Sections 16.1 and 16.3 if increasing the quantity of S8 medicines as per Section 10.2
Complete all of Section 16 if adding S8 medicines to the Permit as per Section 11.1
Complete all of Section 16 if a relocated premises will be storing S8 medicines as per Section 12.3
Complete all of Section 16 if a new added premises will be storing S8 medicines as per Section 13.2

Is this premises being transferred from another ambulance service? see instruction number 10.

☐ No ☐ Yes: name of other ambulance service:

Are Schedule 8 medicines being transferred from the other ambulance service?

☐ No ☐ Yes: please confirm an inventory of S8 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 16

☐ Yes: complete all of Section 16 for the first drug safe and Sections 16.1 and 16.3 for every other drug safe.

16.1 Required Schedule 8 medicines

Confirm address of premises:

16.1.1 Location of drug safe (floor number, room number/name):

16.1.2 Please list all required S8 medicines stored in the **drug safe** at the location named in Section 16.1.1

Name, strength and form of medicine	Quantity required	Number of <i>human doses</i>

16.1.3 Total number of *human doses* of S8 medicines stored in the drug safe:

How to calculate the number of *human doses*:

- a. 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.
b. For mixtures, calculate the number of doses in the bottle using the information in the following table:

Preparation	Size of bottles	Human dose	Total doses per bottle
Morphine mixture 2 mg per mL	200 mL	5 mg	80
Morphine mixture 5 mg per mL	200 mL	5 mg	200
Oxycodone mixture 1 mg per mL	250mL	5mg	50
Hydromorphone mixture 1 mg per mL	473mL	2mg	237
Codeine linctus 5 mg per mL	100mL	5mL	20

16.2 Number of human doses of Schedule 8 medicines and drug safe requirements

The number of human doses of Schedule 8 medicines stored in the drug 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



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16.3 Number of Schedule 8 human doses and required drug safe. Complete Section 16.3 for each drug safe.

Check to confirm the number of doses calculated at 16.1.3 stored in the drug safe identified in Section 16.1.1

- ☐ ≤ 250: complete Section 16.3.1
☐ 250-500: complete Section 16.3.2
☐ > 500: complete Section 16.3.3 and 16.3.3. a

16.3.1 ☐ **≤ 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

16.3.2 ☐ **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.

16.3.3 ☐ **>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 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 1 tonne
- location of motion detector/s in relation to the drug safe.

16.3.3. 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.



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16.4 Access to Schedule 8 medicines

- ☐ Please check to confirm that only AHPRA registered health practitioners and person meeting the definition of 'medic', authorised under the *Medicines and Poisons Act 2014* to possess Schedule 8 medicines and employed by the ambulance service will have unsupervised access to S8 medicines and keys/entry codes to storage rooms and drug safes.

16.5 Record keeping for Schedule 8 medicines

Check to confirm which type of recording system will be used to record administration of S8 medicines:

- ☐ Patient notes OR ☐ Other- please describe:

Which type of drug register will be used to record the receipt of and administration 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 and registers will be kept for a minimum of 5 years¹

16.6 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

16.7 Disposal/destruction of Schedule 8 medicines at-relocated or new added premises

- 16.7.1 ☐ Check to confirm an inventory of S8 medicines will be conducted prior to being disposed of or destroyed.

16.7.2 Please indicate how expired or substandard Schedule 8 medicines will be disposed of:

- ☐ Returned to wholesaler for disposal

Name of wholesaler:

or

- ☐ Destroyed at the premises, placed into a sharp's container, collected by a licensed clinical waste disposal service and incinerated⁴

Name of licensed clinical waste disposal service:

Please confirm the following:

- ☐ Schedule 8 medicines will be *destroyed* by making them unidentifiable and unusable⁴
☐ destruction will be **conducted** by persons authorised by Medicines and Poisons Regulations 2016^{4,5}
☐ destruction will be **witnessed** by persons authorised by Medicines and Poisons Regulations 2016^{4,5}

¹ [Schedule 8 drug registers](#)

² [Recording of Schedule 8 transactions in an approved register](#)

³ [Reporting loss or theft of medicines and poisons](#)

⁴ [Disposal of medicines](#)

⁵ Persons authorised to destroy and make S8 medicines unidentifiable and persons authorised to witness this process include health professionals permitted to possess S8 medicines such as medical practitioners, registered nurse, paramedics, pharmacists.

Section 16 continues next page



PART 1: APPLICATION to change an AMBULANCE SERVICE PERMIT

16.8 Administration of Schedule 8 medicines to patients

Which type of health practitioner will be authorising administration of Schedule 8 medicines to patients

16.8.1 ☐ **Medical Practitioner**

a) **Administration** of **Schedule 8** medicines (please check ONE option only):

- ☐ Doses of Schedule 8 medicines will only be *administered* by the medical practitioner or in accordance with a direction by a medical practitioner for each individual patient **OR**
- ☐ A combination of individual directions to *administer* and Structured Administration and Supply Arrangements (SASAs)¹, will be used for *administration* of doses of Schedule 8 medicines **OR**
- ☐ All *administration* of doses of Schedule 8 will be in accordance with a SASA¹

¹Note: Structured Administration and Supply Arrangements (SASA's) can only be written:

- and approved by a medical practitioner and not a nurse practitioner.
- for acute conditions or a public health issue

Information on SASAs are available at: [Structured Administration and Supply Arrangements](#)

Once completed, copies of SASAs must be forwarded to the Medicines and Poisons Regulation Branch. Completion of SASAs is not required as part of the Permit application process.

16.8.2 ☐ **Nurse Practitioner**

a) **Administration** of **Schedule 8** medicines

- ☐ Check to confirm that doses of Schedule 8 medicines will only be *administered* by a nurse practitioner or *in* accordance with a direction by a nurse practitioner for each individual patient.

16.9 Qualifications of staff who will be administering Schedule 8 medicines

- ☐ Medical practitioner ☐ Registered nurse ☐ Enrolled nurse ☐ AHPRA registered paramedic
- ☐ Medic: not an AHPRA registered health practitioner with authority to administer medicine
- ☐ Check to confirm, medics employed by the Ambulance Service have a minimum qualification: Cert IV in Healthcare Ambulance or equivalent from a RTO.
- ☐ Please check to confirm all medics employed by the Ambulance Service provide a National Police Clearance certificate (NPC) which is less than 12 months, prior to commencing employment

¹ Includes nurse practitioner

² An enrolled nurse can administer medicines unless they have a notation on their registration which advises that they have not completed medication education

³ Other first aid training but not a degree, or diploma in paramedical science from a university or RTO

17. Structured Administration and Supply Arrangements (SASA)

Information on SASAs is available at: [Structured Administration and Supply Arrangements](#)

Once issued, copies of SASAs must be sent to MPRB@health.wa.gov.au

17.1 If SASAs are issued by the organisation, tick each box to confirm that each of the following requirements of Regulation 34 of the Medicines and Poisons 2016 are met:

- ☐ Each SASA is reviewed by a Clinical Governance Committee that meets the requirements of Regulation 34(1) of the Medicines and Poisons Regulations 2016.
- ☐ Each SASA is signed by the most senior medical practitioner in the organisation.
- ☐ Each SASA is issued by the Chief Executive Officer of the organisation.

17.2 Terms of reference of Clinical Governance Committee: Please attach a copy of the terms of reference



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18. Standard Operating Procedures at relocated or new added premises

18.1 Standard operating procedures (SOP's)

Will SOPs for the Ambulance Service at the premises be the same as for another premises listed on the Permit?

- ☐ Yes: SOP is the same as:
☐ No: please **confirm** the Ambulance Service has the following SOPs

18.2 Please confirm the Ambulance Service has the following Standard Operating Procedures (SOP):

- ☐ **SOP used for ordering medicines** which must support these requirements:
- a) Orders must be approved by the permit holder or a registered health practitioner authorised to possess scheduled medicines who has been authorised to approve orders by the permit holder. If the permit holder does not personally authorise each order, they must regularly review the medicines being ordered for the business.
 - b) Only medical practitioners, nurse practitioners, registered nurses, enrolled nurses, registered paramedics or medics should receive medicines when delivered by wholesalers. Other staff cannot be responsible for this task.
 - c) Scheduled medicines must be ordered from a licensed pharmaceutical wholesaler.
- ☐ **SOP for recording administration of scheduled medicines** to patients which must support these requirements:
- a) Record of administration is made for each individual patient in the Patient Care Record. Minimum details include name of the medicine, strength, dosage form, dose administered.
 - b) Records include name of health practitioner administering doses and person making the entry.
 - c) All administered S8 medicines are recorded in the HA14 -S8 register or approved Electronic S8 register.
 - d) A record of the administration of S4 medicines is kept for a minimum of 2 years and S8 medicines for 5 years.
- ☐ **SOP for checking and recording an inventory** of S8 medicines (if applicable) which support these requirements:
- a) Completed by Permit holder or appropriate person delegated in writing by the Permit holder.
 - b) Inventory for S8 medicines will be performed at least monthly.
 - c) Includes: date inventory is made, name, quantity and strength of S8 medicine signed.
- ☐ **SOP for investigating and reporting loss or theft of Schedule 4 or 8 medicines** to Permit holder and Department of Health, which must support these requirements:
- a) Notifying Department of Health and Permit holder if theft involves S4 or S8 medicines.
 - b) WA police notified immediately if it appears that S8 medicines have been stolen.
 - c) Reporting is completed by Permit holder or appropriate person delegated in writing by the Permit holder.
- ☐ **SOP for stocktakes and audits** of scheduled medicines which must support these requirements:
- a) Stocktakes and audits are completed by permit holder or appropriate person delegated in writing by permit holder.
 - b) Stocktakes are undertaken regularly, and short dated stock flagged.
- ☐ **SOP for checking and managing expired and/or substandard medicines** which must support these requirements:
- a) Completed by Permit holder or delegated by Permit holder in writing to appropriate staff.
 - b) Stocktakes are undertaken regularly, and short dated stock flagged
 - o For expired and damaged S2, S3 and S4 medicines, stock is isolated and labelled so they are not used and
 - o Returned to Permit holder or placed in a drug waste container which is taken by controlled waste management contractor for incineration.
 - o For S8 medicines (if applicable), stock is isolated and labelled for destruction, returned to Permit holder or kept in safe until authorised person is available to witness destruction and written out of register.
 - o If destroyed at premises:
 - Destroyed by making medicine unidentifiable and chemically or physically unusable.
 - Transfer to drug waste bin and taken by controlled waste management contractor for incineration OR
 - Only placed in sharps container, if it is certain that it is incinerated.
 - o Written out of register when returned to Permit holder or destroyed.
- ☐ **SOP for implementing a consumer level product recall** which must support these requirements:
- a) Recall notice checked against stock and affected stock quarantined and labelled appropriately
 - b) Incoming stock is monitored.
 - c) Checking if recalled medications have been supplied and request, they be returned.



PART 1: APPLICATION to change an AMBULANCE SERVICE PERMIT
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19. Change of business or trading name

Complete this Section if the business or trading name will change without any change in legal entity.
If there is a change in ownership, an application for a new Permit is required.

19.1 Previous business or trading name:

New business or trading name:

Attach a copy of the Current and Historical Business Name Extract from ASIC

19.2 Australian Business Number:

20. Variation in the activities undertaken under the Permit

Please describe the proposed change in the way the medicines will be used:

Note: Some variations in the conditions of use will require a new application and issue of a different Permit type.

21. Declaration by Permit holder

This declaration relates to the application to change the Permit and must be signed by the individual Permit holder (medical practitioner) or if the Permit is issued to a corporation or partnership, the declaration must be signed by a corporate officer of partner.

Please refer to Instruction 13 for information on acceptable signatures.

I am the: ☐ current Permit holder ☐ incoming Permit holder

☐ the corporate officer or partner who signed the original Permit application.

If the current Permit holder cannot sign please provide the reason:

I (provide full name):

of (provide full address):

hereby declare:

- i. The information contained in this application form is true and correct
- ii. 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:



PART 2: PERSONAL INFORMATION: new PERMIT HOLDER

Part 2 assesses identification, fitness and probity of the Permit holder.

If the new Permit holder is an individual health practitioner, all sections of Part 2 must be completed.

If the Permit is held by a corporation or partnership, and there is a new corporate officer or partner, all sections of Part 2 except Sections 23 and 24 must be completed by each new corporate officer or each new partner.

22. Identification of new Permit holder, corporate officer or partner

22.1 Personal Details

Title: Forename/s: Surname: Date of birth:
Address: Suburb: Postcode:
Postal address: Suburb: Postcode:
Mobile number: Email:
Position in business:

22.2 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)

22.3 Role in relation to the Permit

- ☐ A medical practitioner who will be the new Permit holder on behalf of the business. Complete remainder of Part 2.
- ☐ a new corporate officer. Type of corporate officer:
- ☐ Director ☐ General Manager ☐ Company secretary ☐ CEO ☐ CFO ☐ COO

Complete Sections 25,26,27 and 28 of Part 2 and **attach** a CV¹

- ☐ a new partner

Complete Sections 25,26,27 and, 28 of Part 2 and **attach** a CV¹

¹A new **corporate officer or partner must provide a CV and qualifications**. These will be used to assess whether the corporate officer or partner meets the requirements of the *Medicines and Poisons Act 2014*.

23. Qualifications of new Permit holder

Complete this section if you are an individual medical practitioner applying to be the new Permit holder. Do not complete this section, if the Permit has been issued to a corporation or partnership.

Refer to instruction number 6 for information on the requirements for being an individual Permit holder.

AHPRA registration number: Registration expiry date:

Attach a copy of your current annual registration certificate or wallet card provided to you by AHPRA.

Note: please **do not** provide an extract of the information available on AHPRA's public website.



PART 2: PERSONAL INFORMATION: new PERMIT HOLDER

24. Authority, access, Standard Operating Procedures (SOPs)

Complete this section if you will be the new individual Permit holder, i.e. medical practitioner.

Do **not** complete this section, if the Permit holder is a corporation or partnership.

- ☐ Please check to confirm that as the new Permit holder, you will have authority within the business to determine policies and procedures on the management, storage and administration of medicines.
- ☐ Please check to confirm that you will always have access to the medicines listed on the Permit.
- ☐ Please check to confirm that only yourself, responsible person or other authorised employees of the ambulance service will have unsupervised access to the medicines.

24.1 As the new Permit holder, confirm the ambulance service has the following SOPs for medicines:

- ☐ **SOP used for ordering medicines** which must support these requirements:
 - a) Orders must be approved by the permit holder or a registered health practitioner authorised to possess scheduled medicines who has been authorised to approve orders by the permit holder. **If** the permit holder does not personally authorise each order, they must regularly review the medicines being ordered for the business.
 - b) Only medical practitioners, nurse practitioners, registered nurses, enrolled nurses, registered paramedics or medics should receive medicines when delivered by wholesalers. Other staff cannot be responsible for this task.
 - c) Scheduled medicines must be ordered from a licensed pharmaceutical wholesaler.
- ☐ **SOP for recording administration of scheduled medicines** to patients which must support these requirements:
 - a) Record of administration is made for each individual patient in the Patient Care Record. Minimum details include name of the medicine, strength, dosage form, dose administered.
 - b) Records include name of health practitioner administering doses and person making the entry.
 - c) All administered S8 medicines are recorded in the HA14 -S8 register or approved Electronic S8 register.
 - d) A record of the administration of S4 medicines is kept for a minimum of 2 years and S8 medicines for 5 years.
- ☐ **SOP for checking and recording an inventory** of S8 medicines (if applicable) which support these requirements:
 - a) Completed by Permit holder or appropriate person delegated in writing by the Permit holder.
 - b) Inventory for S8 medicines will be performed at least monthly.
 - c) Includes: date inventory is made, name, quantity and strength of S8 medicine signed.
- ☐ **SOP for investigating and reporting loss or theft of Schedule 4 or 8 medicines** to Permit holder and Department of Health, which must support these requirements:
 - a) Notifying Department of Health and Permit holder if theft involves S4 or S8 medicines.
 - b) WA police notified immediately if it appears that S8 medicines have been stolen.
 - c) Reporting is completed by Permit holder or appropriate person delegated in writing by the Permit holder.
- ☐ **SOP for stocktakes and audits** of scheduled medicines which must support these requirements:
 - a) Stocktakes and audits are completed by permit holder or appropriate person delegated in writing by permit holder.
 - b) Stocktakes are undertaken regularly, and short dated stock flagged.
- ☐ **SOP for checking and managing expired and/or substandard medicines** which must support these requirements:
 - a) Completed by Permit holder or delegated by Permit holder in writing to appropriate staff.
 - b) Stocktakes are undertaken regularly, and short dated stock flagged
 - For expired and damaged S2, S3 and S4 medicines, stock is isolated and labelled so they are not used and
 - Returned to Permit holder or placed in a drug waste container which is taken by controlled waste management contractor for incineration.
 - For S8 medicines (if applicable), stock is isolated and labelled for destruction, returned to Permit holder or kept in safe until authorised person is available to witness destruction and written out of register.
 - If destroyed at premises:
 - Destroyed by making medicine unidentifiable and chemically or physically unusable.
 - Transfer to drug waste bin and taken by controlled waste management contractor for incineration OR
 - Only placed in sharps container, if it is certain that it is incinerated.
 - Written out of register when returned to Permit holder or destroyed.
- ☐ **SOP for implementing a consumer level product recall** which must support these requirements:
 - a) Recall notice checked against stock and affected stock quarantined and labelled appropriately
 - b) Incoming stock is monitored.
 - c) Checking if recalled medications have been supplied and request, they be returned.



PART 2: PERSONAL INFORMATION: new PERMIT HOLDER

25. Prior permits/licences for medicines/poisons

To be completed by a new Permit holder, new corporate officer or new partner.

25.1 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:

25.2 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:

26. Criminal check for new Permit holder, corporate officer or partner

26.1 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

26.2 Indictable offences¹

Role in relation to the Permit:

a. ☐ individual medical practitioner.

Have you been convicted of, or are there charges pending for indictable¹ offences since you last applied for renewal of your registration as a health practitioner?

☐ 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.

¹Minor traffic offences are not classified as indictable offences



PART 2: PERSONAL INFORMATION: new PERMIT HOLDER

27. Financial resources of new Permit holder, corporate officer or partner

To be completed by a new Permit holder, new corporate officer or new partner.

27.1 Have you been declared bankrupt or a debtor under any bankruptcy law?

☐ No

☐ Yes: What date was/will your bankruptcy be discharged?

27.2 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

28. Declaration by new Permit holder, corporate officer or partner

This declaration must be signed by the new individual Permit holder (medical practitioner), corporate officer or partner and is about personal information and includes probity check consent.

Please refer to Instruction 13 for information on acceptable signatures.

- a. 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 Ambulance Service 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.
- b. I am at least 21 years of age.
- c. The information contained in this application form is true and correct.
- d. I am aware there are penalties under the *Medicines and Poisons Act 2014* for providing false or misleading information.
- e. 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.
- f. I will notify the Department of Health if I can no longer employed by the Ambulance Service, or I am no longer a corporate officer or a partner of the company that holds the Permit.

Signature:

Name:

Date:



PART 3: PERSONAL INFORMATION: new RESPONSIBLE PERSON

29. Identification of new 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 7 for information on the requirements for being a responsible person for a premises.

29.1 Is the new responsible person, also the Permit holder or responsible for another premises listed on the Permit?

☐ Yes: Confirm name: Title: Forename/s: Surname:

There is no requirement to complete Part 3.

☐ No: complete remainder of Part 3.

29.2 Personal details of new responsible person

Title: Forename/s: Surname: Date of birth:

Postal Address: Suburb: Postcode:

Mobile number: Email:

Position in business:

29.3 Certified true copy of a photographic identification document

ATTACH a certified¹ copy of a WA State Government or Australian Government issued photographic identification document such as 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).

30. Qualifications of new responsible person

30.1 Is the Permit being issued to an individual medical practitioner?

☐ Yes: Responsible person for a Permit issued to an individual medical practitioner can be- tick which one applies:

☐ Medical practitioner ☐ Nurse practitioner ☐ Registered nurse ☐ Registered paramedic

☐ No: Responsible person for a permit issued to a corporation must be a medical practitioner

30.2 AHPRA registration number:

Registration expiry date:

Attach a copy of your current annual registration certificate or wallet card provided to you by AHPRA.

Note: please **do not** provide an extract of the information available on AHPRA's public website.

31. Prior permits/licences for medicines/poisons held by new responsible person

31.1 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:

31.2 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 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:



32. Criminal check for new responsible person

32.1 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

32.2 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 health practitioner?

☐ 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

¹Minor traffic offences are not classified as indictable offences

33. Declaration by new responsible person

This declaration must be signed by the new responsible person and includes probity check consent.

Please refer to instruction 13 for information on acceptable signatures.

- a) 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.
- b) 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 the Ambulance Service 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.
- c) I am at least 21 years of age.
- d) The information contained in this application form is true and correct.

Signature:

Name:

Date:



PART 4: PAYMENT and CHECKLIST

34. Payment (where required)

Fee: \$90

1. ☐ Credit Card – American Express and Diners not accepted

Card type: ☐ MasterCard ☐ Visa

Name on card: Card number:

Expiry date: Amount: **\$90**

Signature of cardholder: Date:

2. ☐ Direct debit to bank

Please quote Permit number and business name in the reference when making a direct debit payment

Bank: Commonwealth Bank: **BSB: 066 040** **Account number: 13300018** Amount: **\$90**

Receipt Number: Payment date:

3. ☐ 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

A fee of \$90 is payable for the following types of changes to an Ambulance Service Permit:

- Change of individual Permit holder (medical practitioner) (no change of ownership of the business)
- Change of a corporate officer (only for Permits issued to a corporation and not an individual person)
- Increase quantity of medicines
- Add medicines to a Permit for an existing premises.
- Relocation of an existing premises to a new location
- Addition of a new premises
- Change of business or trading name without changing legal entity (no change of ownership).
- Variation in the activities undertaken under the permit, including the use of the medicines

Note: if making multiple changes, only pay one fee of \$90

Fees are not payable for the following type of changes to an Ambulance Service Permit:

- Change of postal address and other contact details
- Change to a person responsible for a premises
- Removal of a premises from the permit
- Removal of medicines from the permit
- Upgrading storage or security including upgrading a drug safe



PART 4: PAYMENT and CHECKLIST

35. Checklist

Please ensure all the appropriate requested documentation is attached for:

Part 1 Application to change an Ambulance Service Permit

- ☐ If changing a responsible person for a premises: completed Part 3: Personal Information (Section 3.1)
- ☐ If changing an individual Permit holder: completed Part 2: Personal Information (Section 8.1)
- ☐ If changing a corporate officer/partner: completed Part 2: Personal Information (Section 9.1)
- ☐ If changing a corporate officer/ partner: copy of the Current and Historical Company Extract from ASIC (Section 9.3)
- ☐ If a premises is relocated or a new premises is added to the Permit, and the responsible person is not responsible for any other premises or is not the Permit holder: completed Part 3: Personal Information-Form (Section 14.2)
- ☐ If applicable, evidence of local government approval to operate the service from the premises (Section 14.2.1)
- ☐ If storing Schedule 8 medicines, attach photos of safe etc as required in Section 16.
- ☐ 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 16.3.3.a)
- ☐ If SASAs are issued, a copy of the terms of reference of the Clinical Governance Committee (Section 17.2)
- ☐ If there is a change of business or trading name without a change of legal entity: copy of the Current and Historical Business Name Extract from ASIC (Section 19.1)
- ☐ Declaration signed and dated by individual Permit holder, corporate officer or partner (Section 21)

Part 2: Personal information, fitness and probity for new Permit holder, corporate officer or partner

- ☐ Copy of photographic identification which must be certified as a true copy by a person authorised to witness statutory declarations (Section 22.2). See Appendix C for a list of persons authorised to witness a signature
- ☐ If there is a new corporate officer/ partner, attach a CV/qualifications for each new officer/ partner (Section 22.3)
- ☐ If the new Permit holder is an individual medical practitioner, attach a copy of the person's current annual registration certificate or wallet card provided by AHPRA. **Do not** provide an extract of the information available on AHPRA's public website (Section 23)
- ☐ 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 26.1)
- ☐ If the new Permit holder is an individual medical practitioner and they have been convicted of or there are charges pending for an indictable offence since they last renewed their AHPRA registration, attach a Statutory Declaration relating to the offence (Section 26.2.a)
- ☐ If there is a new corporate officer or partner, attach a copy of the NPC for each new corporate officer or partner which is less than 12 months old (Section 26.2.b i)
- ☐ If there is a new corporate officer or partner and they have been convicted of, or there are charges pending for an indictable offence since the date on the NPC, attach a Statutory Declaration relating to the offence (Section 26.2.b ii)
- ☐ Declaration signed and dated by new Permit holder, new corporate officer or partner (Section 28)

Part 3: Personal information, fitness and probity for new responsible person

- ☐ Copy of photographic identification which must be certified as a true copy by a person authorised to witness statutory declarations (Section 29.3). See Appendix C for a list of persons authorised to witness a signature
- ☐ The responsible person's current annual registration certificate or wallet card provided by AHPRA. **Do not** provide an extract of the information available on AHPRA's public website (Section 30.2)
- ☐ If the new responsible person has been convicted of or there are charges pending for an offence under the *Medicines and Poisons Act 2014* or a repealed corresponding law or corresponding law in another state or territory, attach a Statutory Declaration relating to the offence (Section 32.1)
- ☐ If the new responsible person has been convicted of or there are charges pending for an indictable offence since they last renewed their AHPRA registration, attach a Statutory Declaration relating to the offence (Section 32.2)
- ☐ Declaration signed and dated by new responsible person (Section 33)

Part 4: Payment and checklist

- ☐ Payment details completed with correct signature if paying by credit card (Section 34)



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 <i>Security and Related Activities (Control) Act 1996</i> 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	