



Application to change a Veterinary Practice Permit

Medicines and Poisons Act 2014



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INSTRUCTIONS and INFORMATION

1.	<p>This form is for requesting changes to an existing Veterinary Practice Permit 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 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 a Veterinary Practice Permit, found at: Application forms for Licences and Permits</p> <p>Permits cannot be transferred between one business entity and another.</p>
3.	<p>Changes to permits issued to house call practices Please note, for Permits that have been issued to a house call practice, where medicines are stored at the veterinarian's residential address and not a practice registered as a 'veterinary premises' with the Veterinary Practice Board WA, the only type of changes applicable to such Permits are:</p> <ul style="list-style-type: none"> • change in postal address, • removal of certain medicines from the Permit • upgrade to storage, security and drug safe • increase quantity of medicines already listed on the Permit • addition of new medicines to the Permit • relocation of an existing residential premises to another existential premises • change in business or trading name
4.	<p>There are five parts to this form:</p> <p>Part 1 – Sections 1 to 20: Application to change a Veterinary Practice Permit.</p> <p>Part 2 – Sections 21 to 27: Personal Information: new individual Permit holder, corporate officer or partner</p> <p>Part 3 – Sections 28 to 32: Personal Information: new responsible person for a premises</p> <p>Part 4 – Sections 33,34: Payment and checklist.</p> <p>Part 5 – Appendices</p>
5.	<p>Fees are not payable for the following type of changes to a Veterinary Practice Permit:</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 CC.TV
6.	<p>A fee of \$90 is payable for the following type of changes to a Veterinary Practice Permit:</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>



7.	<p>Changing the Permit holder for a Permit held by an individual veterinarian and issued for a premises registered with the Veterinary Practice Board WA</p> <p>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 27.</p> <p>6.1 Qualifications of person nominated as the new Permit holder:</p> <p>The new Permit holder must be a veterinarian registered with the Veterinary Practice Board WA and have authority within the business to determine policies and procedures in relation to handling and managing medicines on the Permit.</p> <p>6.2 Permit holder responsibilities</p> <p>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.</p> <p>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.</p> <p>There are penalties under the Act for providing false or misleading information when applying for a change to an existing Permit.</p>
8.	<p>Changing the person responsible for a premises listed on a Permit for a premises registered with the Veterinary Practice Board WA</p> <p>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 32. <p>8.1 Responsible person for a Permit issued to an individual veterinarian</p> <p>The responsible person for a premises when a Permit is issued to an individual veterinarian can be:</p> <p>a) the permit holder, only if, the permit is issued to an individual veterinarians and not a corporation/partnership</p> <p>or</p> <p>b) the most senior veterinarian at the practice.</p> <p>8.2 Responsible person for a permit issued to a corporation or partnership</p> <p>The responsible person for a premises when a Permit is issued to a corporation or partnership can be:</p> <p>a) the most senior veterinarian at the practice</p> <p>or</p> <p>b) the Veterinary Director employed by the corporation or partnership who has authority to determine policies and procedures to manage the medicines.</p> <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>
9.	<p>Changing a corporate officer or partner for a Permit that is held by a corporation or partnership.</p> <p>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 27.</p>



10.	<p>Relocating to another premises or adding a premises</p> <p>If you are <u>relocating</u> a practice to another site or <u>adding</u> another practice to the Permit and the relocated or added premises (second premises) is currently listed on a different Veterinary Practice Permit:</p> <ul style="list-style-type: none"> o the application will not be processed until the Permit holder at the second practice has submitted an application to the Department to have the practice removed from their Permit. o in such cases, Permit holders relocating or adding a practice may wish to liaise with the Permit holder at the second practice to ensure the Department of Health is appropriately advised. <p><i>The Department does not coordinate the change in Veterinary Practice Permits. It is the responsibility of the Permit holders to manage the change in a timely manner.</i></p>
11.	<p>Schedule 2, 3, 4 and 8 medicines</p> <p>Sections 15 and 16 relate to the storage and use of Schedule of 2,3, and 4 medicines and Section 17 relates to Schedule 8 (Controlled Drug) medicines.</p>
12.	<p>Terminology</p> <p><u>Veterinarian</u> means a veterinarian registered with the Veterinary Practice Board WA.</p> <p><u>Veterinary nurse</u> means a person approved by the Veterinary Practice Board WA as a veterinary nurse.</p> <p><u>Veterinary practice</u> means a clinic or hospital registered as a veterinary premises with the Veterinary Practice Board WA and includes off-site treatment of clients of the practice.</p>
13.	<p>Required documents</p> <p>The applicant and responsible person are required to submit copies of certain documents.</p> <p>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.</p> <p>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.</p>
14.	<p>Signatures</p> <p>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.</p> <p>A "signature" that is copied and pasted and a "signature" that is the person's name in a font style resembling hand writing will not be accepted.</p> <p>The current Permit holder must sign the Declaration for making a change to the Permit at Section 20.</p> <p>14.1 Who can sign for a change to a Veterinary Practice Permit:</p> <p>If the 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:</p> <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. <p>If the Veterinary Practice Permit is held by a partnership or body corporate, the person who signed the original Permit application should sign the Declaration.</p>
15.	<p>Approving a change to a Permit</p> <p>Applying for a change to an existing Permit does not guarantee the requested changes will be approved.</p>
16.	<p>Processing applications</p> <p>Applications will be processed in order of receipt after payment has been confirmed by Finance. To ensure a timely decision about your application please:</p> <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).
17.	<p>Extra information</p> <p>When applying for a change to an existing Permit, refer to the: Guide to applying for a Licence or Permit</p>
18.	<p>Submitting the application</p> <p>Please email completed form and other requested documentation to: mprb@health.wa.gov.au</p>

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 a VETERINARY PRACTICE PERMIT

1.General information		
Permit number:	Name of current Permit holder:	
Postal address:	Suburb:	Postcode:
Telephone:	Fax:	Email:
Please check to confirm the type of practice, scheduled medicines will be stored at and used from:		
<input type="checkbox"/> Clinical or hospital registered with the WA Veterinary Practice Board as a veterinary premises, which also includes off-site treatment Veterinary Hospital or Clinic Registration Number:		
<input type="checkbox"/> House call practice registered with the Veterinary Practice Board WA as a house call practice.		
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 2,20	
<input type="checkbox"/> Change to a person responsible for a premises	Part 1: Sections 3,20 Part 3: Sections 28 to 32	
<input type="checkbox"/> Remove a premises from the Permit	Part 1: Sections 4,6,20	
<input type="checkbox"/> Remove certain medicines form the Permit	Part 1: Sections 5,6,20	
<input type="checkbox"/> Upgrade to storage and security Upgrade drug safe	Part 1: Sections 7,20 Part 1: Sections 7, 17.1, 17.3,20	
Changes with a fee of \$90		
<input type="checkbox"/> Change of individual Permit holder	Part 1: Sections 8, 20 Part 2: Sections 21 to 27 Part 4: Section 33	
<input type="checkbox"/> Change of corporate officer or partner	Part 1: Sections 9,20 Part 2: Sections 21,24,25,26,27 Part 4: Section 33	
<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 10,20 Plus Sections 17.1, 17.3 Part 4: Section 33	
<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 11,20 Plus Section 17 Part 4: Section 33	
<input type="checkbox"/> Relocation of an existing premises to a new premises If relocated premises will be storing Schedule 8 medicines	Part 1: Sections 12,14,15,16,20 Plus Section 17 Part 4: Section 33	
<input type="checkbox"/> Addition of another new premises to the Permit If new added premises will be storing Schedule 8 medicines	Part 1: Sections 13,14,15,16, 20 Plus Section 17 Part 4: Section 33	
<input type="checkbox"/> Change of business or trading name without any change of the legal entity	Part 1: Section 18,20 Part 4: Section 33	
<input type="checkbox"/> Variation in activities undertaken under the Permit, including use of the medicines	Part 1: Section 19,20 Part 4: Section 33	
Note: if making multiple changes, only pay one fee of \$90		
1.3 Additional information to support application (optional):		



PART 1: APPLICATION to change a VETERINARY PRACTICE 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.
Only applicable for Permits issued to a practice registered with the Veterinary Practice Board WA.

Veterinary Hospital or Clinic Registration Number:

Premises name:

Address: Suburb: 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

Only applicable for Permits issued to a practice registered with the Veterinary Practice Board WA

Premises name:

Address: Suburb: Suburb: Postcode:

Date the business will cease trading at these premises:

Is the business at the premises being sold to another Veterinary practice or hospital?

4.1 ☐ Yes: please provide the name of the new business:

The Department requires the person taking over the Veterinary practice to either:

- apply to add this premises to their current Veterinary Practice Permit, if they already have a Permit, or
- apply for a new Permit in their name.

Applications from the person buying the business must be received by the Department prior to removing this premises from your Permit.

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

☐ No ☐ Yes: please also complete Section 6



PART 1: APPLICATION to change a VETERINARY PRACTICE PERMIT
Changes without a fee

5. Remove certain medicines from the Permit

Premises name:

Address:

Suburb:

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 Section 6

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 veterinary practice business taking over the practice:

Name of the new veterinary practice:

or

☐ Transferred to a different premises listed on the Permit

Name of premises:

or

☐ Taken to a pharmacy or hospital for disposal ¹

Name of pharmacy/hospital:

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 incinerated²

Name of licensed clinical waste disposal service:

Section 6 continues next page



PART 1: APPLICATION to change a VETERINARY PRACTICE PERMIT
Changes without a fee

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 being 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 practice taking over the practice, transferred to a different premises on the Permit, taken to a pharmacy/hospital or returned to the wholesaler as indicated in Section 6.1 **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 unusable²

☐ destruction will be **conducted** by persons authorised by Medicines and Poisons Regulations 2016³

☐ destruction will be **witnessed** by persons authorised by Medicines and Poisons Regulations 2016³

¹ Pharmacies and hospitals are not obligated to accept medicines for disposal if they have not supplied the medicine

² [Disposal of medicines](#)

³ Persons authorised to destroy S8 medicines and witnesses include health professionals such as veterinarians, medical practitioners, registered nurses, pharmacists and must be two different people.

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 17.1 and 17.3. Do not make a payment if the Permit currently lists Schedule 8 medicines and the change is for upgrading the drug safe only.



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Changes with a fee

8.Change of individual Permit holder

Only applicable for Permits issued to a practice registered with the Veterinary Practice Board WA.

Complete this section only if the new Permit holder is an individual veterinarian.

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

8.1 Name of new incoming permit holder:

Title: Forename(s): Surname:
Address: Suburb: Suburb: Postcode
Telephone /Mobile: Email:
Position in business:

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

9.Change of corporate officer or partner

Only applicable for Permits issued to a practice registered with the Veterinary Practice Board WA and the Permit is held by a corporation or partnership and not an individual veterinarian on behalf of the business.

9.1 Name of new incoming corporate officer or partner

Title: Forename(s): Surname:
Address: Suburb: 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: 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 17.1 and 17.3 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 a VETERINARY PRACTICE PERMIT
Changes with a fee

11. Addition of medicines

Premises name:

Address:

Suburb: 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 17**

If only a small number of specific individual medicines are to be 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

12. Relocation of an existing premises

12.1 Current address of premises:

Premises name:

Address:

Suburb: Suburb:

Postcode:

12.2 New address of relocated premises:

Premises name:

Address:

Suburb: 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 14,15,16,20 and 33 (payment) and complete all of Section 17 if Schedule 8 medicines will be stored at the relocated premises.



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13. Addition of another new premises

Only applicable for Permits issued to a practice registered with the Veterinary Practice Board WA.

13.1 Premises name:

Premises Address:

Suburb: 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 14,15,16,20 and 33 (payment) and complete all of Section 17 if Schedule 8 medicines will be stored at the new added premises.

14. Information about the relocated or new added premises

Is this practice being bought from another veterinary business? (not applicable to mobile veterinarians)

☐ No ☐ Yes: Name of previous veterinary practice:

The Department requires the previous Permit holder at the relocated or new added premises to remove the premises from their Permit. See instruction number 10.

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 ☐ Other-please specify:

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

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

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

14.3 Building /premises security for relocated or new added premises. 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 Mud map or diagram of relocated or new added premises

Please **attach** a mud map or sketch **diagram** of the relocated or new added premises and mark on the diagram, the locations where medicines will be stored including the safe (if applicable) and building security such as lockable doors, movement detectors and video surveillance cameras.

14.5 Storage of scheduled medicines in vehicles at relocated or new added premises

Please check to confirm the following statements:

☐ Medicines are only stored in vehicles when attending patients.

☐ At all other times, medicines are stored at the secure permanent premises



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

15.1 List of medicines to be used at relocated or new added premises: check which ones apply

- ☐ Schedule 2- Pharmacy medicine ☐ Schedule 3 – Pharmacist only medicine
☐ Schedule 4 – Prescription only medicine ☐ Schedule 8 – Controlled drug: **plus, complete Section 17**

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

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

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

- ☐ Locked room ☐ Locked cupboard

15.2.2 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

15.2.3 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.

15.3 Storage area for Schedule 2,3, and 4 medicines at relocated or new added premises

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

Floor number, room number/room name	Floor number, room number/room name

15.4 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



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16. Administration and supply of Schedule 4 medicines at the relocated or new added premises

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

- ☐ Doses of Schedule 4 medicines will only be *administered* by the veterinarian, **OR**
- ☐ Doses of Schedule 8 medicines will be *administered* by the veterinarian and by veterinary nurses on a direction by the veterinarian for an individual patient.

Supply of Schedule 4 medicines for patient's owner to take home (please check **ONE** option only):

- ☐ Schedule 4 medicines will not be *supplied* to the patient's owner to take home **OR**
- ☐ Schedule 4 medicines will be *supplied* to the patient's owner to take home
- ☐ Check to confirm all Schedule 4 medicines will be personally *supplied* by the veterinarian
- ☐ Check to confirm, when supplying Schedule 4 medicines, the package will be labelled according to Appendix L of the [Standard for the Uniform Scheduling of Medicines and Poisons \(SUSMP\)](#)

More information found at: [Labels on medicines and poisons](#)



PART 1: APPLICATION to change a VETERINARY PRACTICE PERMIT
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17. Schedule 8 medicines (Controlled Drug)

Complete Sections 17.1 and 17.3 if the drug safe has been upgraded as per Section 7.1
Complete Sections 17.1 and 17.3 if increasing the quantity of Schedule 8 medicines as per Section 10.2
Complete all of Section 17 if adding Schedule 8 medicines to the Permit as per Section 11.1
Complete all of Section 17 if a relocated premise will be storing Schedule 8 medicines as per Section 15.1
Complete all of Section 17 if a new added premises will be storing Schedule 8 medicines as per Section 15.1

Is this premises being bought from another veterinary practice? (not applicable to house call practices) See instruction 10.

☐ No ☐ Yes: name of previous veterinary practice:

Are Schedule 8 medicines being transferred from the previous veterinary practice?

☐ No ☐ Yes: please confirm an inventory of S8 medicines will be conducted at the time of handover.

Will S8 medicines be stored in multiple areas/rooms at the relocated or new added premises?

☐ No: complete all of Section 17

☐ Yes: complete all of Section 17 for the first drug safe and Sections 17.1 and 17.3 for every other drug safe.

17.1 Required Schedule 8 medicines at the relocated or new added premises

Confirm address of practice:

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

17.1.2 Please list all required S8 medicines stored in the drug safe at the location named in Section 17.1.1

Name, strength and form of medicine	Quantity required	Number of <i>human doses</i> *
17.1.3 Total number of <i>human doses</i> of S8 medicines stored in the 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/multidose vials calculate the number of doses in the bottle/vial using the information in the table:

Preparation	Size of bottles	Human dose	Total doses per bottle
Codeine linctus 5 mg per mL	100mL	5mL	20
Buprenorphine injection 300 mcg per mL	10mL	300mcg	10
Butorphanol injection 10 mg per mL	10mL	2 mg	50
Ketamine injection 100mg per mL	50mL	200mg	25
Methadone injection 10 mg per mL	20mL	10mg	20

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

The number of human doses of Schedule 8 medicines stored in the safe will determine the size of the safe.

Number of human doses	Compliant drug safe	Motion detector
≤ 250	Small	Not required
Between 251- 500	Small	Required
> 500	Large	Required



PART 1: APPLICATION to change a VETERINARY PRACTICE PERMIT
Changes with a fee

17.3 Number of Schedule 8 human doses and required drug safe. Complete Section 17.3 for each drug safe.

Check to confirm the number of doses calculated at 17.1.3 that will be stored in the drug safe identified in Section 17.1.1

☐ ≤ 250: complete Section 17.3.1

☐ 250-500: complete Section 17.3.2

☐ > 500 complete: Section 17.3.3 and 17.3.3. a

17.3.1 ☐ **≤ 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.

17.3.2 ☐ **251- 500** human doses will be stored in small drug safe and monitored by a motion detector device.

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.

17.3.3 ☐ **>500** human doses will be stored in a large safe, continuously monitored by a motion detector device.

Schedule 8 large drug safe make and model number:

☐ Check to confirm the safe is compliant with requirements for a large drug safe as per Appendix B.

☐ Check to confirm safe is covered by motion detector linked to continuously monitored alarm system.

Does the large safe weigh more than one tonne?

☐ Yes

☐ No: check to confirm the safe is mounted on a concrete floor as per requirements listed in Appendix B.

Please **attach** photos showing:

- safe with the door closed
- safe with the door open, with a ruler held against the door edge to show the thickness of the door plate
- the locking mechanism as per Appendix B
- the door is secured with at least 2 locking bolts of at least 32mm
- how the safe has been bolted onto a concrete floor as per Appendix B if safe weights less than 1 tonne
- location of motion detector/s in relation to the drug safe.

17.3.3. 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



PART 1: APPLICATION to change a VETERINARY PRACTICE PERMIT
Changes with a fee

17.4 Access to Schedule 8 medicines

- ☐ Please check to confirm that only registered veterinarians by veterinary nurses authorised under the *Medicines and Poisons Act 2014* to possess Schedule 8 medicines and employed by the practice will have unsupervised access to S8 medicines and keys/entry codes to storage rooms and drug safes.

17.5 Record keeping for Schedule 8 medicines

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

- ☐ Patient notes OR ☐ Other- please describe:

Which type of drug register will be used to record the receipt of and administration or supply of S8 medicines¹

- ☐ Paper Schedule 8 register – HA14 OR
☐ Department of Health approved Electronic Schedule 8 register

Name of approved electronic register:

- ☐ Check to confirm records of administration or supply and registers will be kept for a minimum of 5 years¹

17.6 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

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

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

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

- ☐ Taken to pharmacy or hospital for disposal⁴
Name of pharmacy/hospital:
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 incinerated⁵
Name of licensed clinical waste disposal service:
Please confirm the following:
☐ Schedule 8 medicines will be *destroyed* by making them unidentifiable and unusable⁵
☐ destruction will be **conducted** by persons authorised by Medicines and Poisons Regulations 2016^{5,6}
☐ destruction will be **witnessed** by persons authorised by Medicines and Poisons Regulations 2016^{5,6}

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 Pharmacies and hospitals are not obligated to accept medicines for disposal if they have not supplied the medicine

⁵ [Disposal of medicines](#)

⁶ 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 veterinarians, medical practitioners, pharmacists.

Section 17 continues next page



PART 1: APPLICATION to change a VETERINARY PRACTICE PERMIT
Changes with a fee

17.8 Administration and supply of Schedule 8 medicines

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

- ☐ Doses of Schedule 8 medicines will only be *administered* by the veterinarian **OR**
- ☐ Doses of Schedule 8 medicines will be *administered* by the veterinarian and by veterinary nurses on a direction by the veterinarian for an individual patient.

Supply of Schedule 8 medicines for patient's owner to take home (please check **ONE** option only):

- ☐ Schedule 8 medicines will not be *supplied* to the patient's owner to take home **OR**
- ☐ Schedule 8 medicines will be *supplied* to the patient's owner to take home
- ☐ Check to confirm all Schedule 8 medicines will be personally *supplied* by the veterinarian
- ☐ Check to confirm, when supplying Schedule 8 medicines, the package will be labelled according to Appendix L of the [Standard for the Uniform Scheduling of Medicines and Poisons \(SUSMP\)](#)

¹ More information is found at: [Labels on Medicines and Poisons](#)

18. 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.

18.1 Previous business or trading name:

New business or trading name:

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

18.2 Australian Business Number:

19. 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.



PART 1: APPLICATION to change a VETERINARY PRACTICE PERMIT

20. Declaration by Permit holder

This declaration relates to the application to change the Permit and must be signed by the individual Permit holder (veterinarian), 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 14 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 and is only applicable for Permits issued to a practice registered with the Veterinary Practice Board WA.

If the new Permit holder is an individual veterinarian, 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 22 and 23 must be completed by each new corporate officer or each new partner.

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

21.1 Personal Details

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

21.2 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)

21.3 Role in relation to the Permit

- ☐ A veterinarian 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
- ☐ a new partner

Complete Sections 24,25,26 and 27 of Part 2 and **attach** a CV¹

Complete Sections 24,25, 26 and 27 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*.

22. Qualifications of new Permit holder

Complete this section if you are an individual veterinarian 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.

Veterinary Practice Board WA registration number: Registration expiry date:

22.1 Attach a copy of your current annual registration certificate provided by the Veterinary Practice Board WA.



PART 2: PERSONAL INFORMATION: new PERMIT HOLDER

23. Authority, access, standard operating procedures (SOPs)

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

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 business will have unsupervised access to the medicines.

24. Prior permits/licences for medicines/poisons

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

- 24.1** 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:
- 24.2** 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:



PART 2: PERSONAL INFORMATION: new PERMIT HOLDER

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

25.1 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

25.2 Indictable offences¹

Role in relation to the Permit:

a. ☐ individual veterinarian

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

¹ Minor traffic offences are not classified as indictable offences

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

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

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

☐ No

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

26.2 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: new PERMIT HOLDER

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

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

Please refer to Instruction 14 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 a Veterinary Practice Permit. These searches may include (without limitation) corporate searches, checks with health professional registration boards (including registration status and release of information on any current or ongoing investigations) and criminal record checks. I also understand I may be requested to provide further information relevant to determining fitness and probity.
- 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 or the responsibility of the body corporate (if applicable) for the safe storage and sale of the Schedule 2 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 leave the employment of the business or I am no longer a corporate officer of the company that holds the Permit.

Signature:

Name:

Date:



PART 3: PERSONAL INFORMATION: new RESPONSIBLE PERSON

Part 3 is only applicable for Permits issued to a practice registered with the Veterinary Practice Board WA.

28. 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 8 for information on the requirements for being a responsible person for a premises.

28.1 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.

28.2 Personal details of responsible person

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

Postal Address: Suburb: Postcode:

Mobile number: Email:

Position in business:

28.3 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.

¹ Copy of photographic identification document must be certified as a true copy by a person authorised to witness statutory declarations (see Appendix C for a list of persons authorised to certify a true copy).

29. Qualifications of new responsible person

Veterinary Practice Board WA registration number: Registration expiry date:

29.1 Attach a copy of your current annual registration certificate provided by the Veterinary Practice Board WA.



PART 3: PERSONAL INFORMATION: new RESPONSIBLE PERSON

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

30.1 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:

30.2 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:

31. Criminal check for new responsible person

31.1 **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

31.2 **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

¹ Minor traffic offences are not classified as indictable offences



PART 3: PERSONAL INFORMATION: new RESPONSIBLE PERSON

32. Declaration by new responsible person

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

Please refer to Instruction 14 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 Veterinary Practice Permit. These searches may include (without limitation) corporate searches, and criminal record checks. I also understand I may be requested to provide further information relevant to determining fitness and probity.
- 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

33.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 a Veterinary Practice Permit:

- Change of individual Permit holder (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
- Addition of 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 a Veterinary Practice 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

34. Checklist - Please ensure all the appropriate requested documentation is attached for:

Part 1 Application to change a Veterinary Practice 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 14.1)
- ☐ If applicable, evidence of local government approval to operate the business from the premises (Section 14.2.1)
- ☐ A mud map or sketch **diagram** of the premises showing where the medicines will be stored including the safe (if applicable) and other security details (Section 14.4)
- ☐ If storing Schedule 8 medicines, attach photos of safe etc as required in Section 17.3
- ☐ If storing S8 medicines in a large safe, evidence to show the safe was installed by a person licensed under the *Security and Related Activities (Control) Act 1996* to install safes. (Section 17.3.3.a)
- ☐ 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 18.1)
- ☐ Declaration signed and dated by individual Permit holder, corporate officer or partner (Section 20)

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 21.2). See Appendix C for a list of persons authorised to witness a signature
- ☐ If there is a new corporate officer/partner, attach a CV and qualifications for each new officer/ partner (Section 21.3)
- ☐ If the new Permit holder is an individual veterinarian, attach a copy of the person's current annual registration certificate issued by the WA VPB (Section 22.1)
- ☐ 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 25.1)
- ☐ If the new Permit holder is an individual veterinarian and they have been convicted of or there are charges pending for an indictable offence since they last renewed their registration with the WA VPB, attach a Statutory Declaration relating to the offence. (Section 25.2.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 25.2.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 25.2.b ii)
- ☐ Declaration signed and dated by new Permit holder, new corporate officer or partner (Section 27)

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 28.3). See Appendix C for a list of persons authorised to witness a signature
- ☐ The responsible person's current annual registration certificate issued by the WA VPB (Section 29.1)
- ☐ 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 31.1)
- ☐ If the new responsible person has been convicted of or there are charges pending for an indictable offence since they last renewed their registration with the WA VPB, attach Statutory Declaration relating to the offence (Section 31.2)
- ☐ Declaration signed and dated by new responsible person (Section 32)

Part 4: Payment and checklist

- ☐ Payment details completed with correct signature if paying by credit card (Section 33)



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	