



Government of **Western Australia**
Department of **Health**

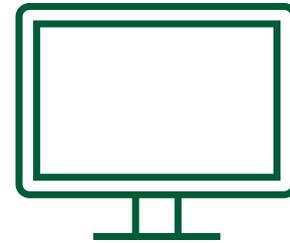
Permit to Cremate Book (Form 9) Ordering System Instructions



Purpose



To provide instructions for Medical Referees and their practices about the electronic ordering form for Permit to Cremate books



- This is a new process
- Screenshots are included

Contents



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the form



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1

The order form can be found at <https://redcap.link/cremationpermit>

We recommend that you save the link into the Favourites bar of your preferred internet browser for ease of access

2

Other ways to find it via WA Health:

- <https://ww2.health.wa.gov.au/> and search for Medical referees
- Go to [Medical referees \(health.wa.gov.au\)](https://health.wa.gov.au/) tab “Prescribed forms and training materials”

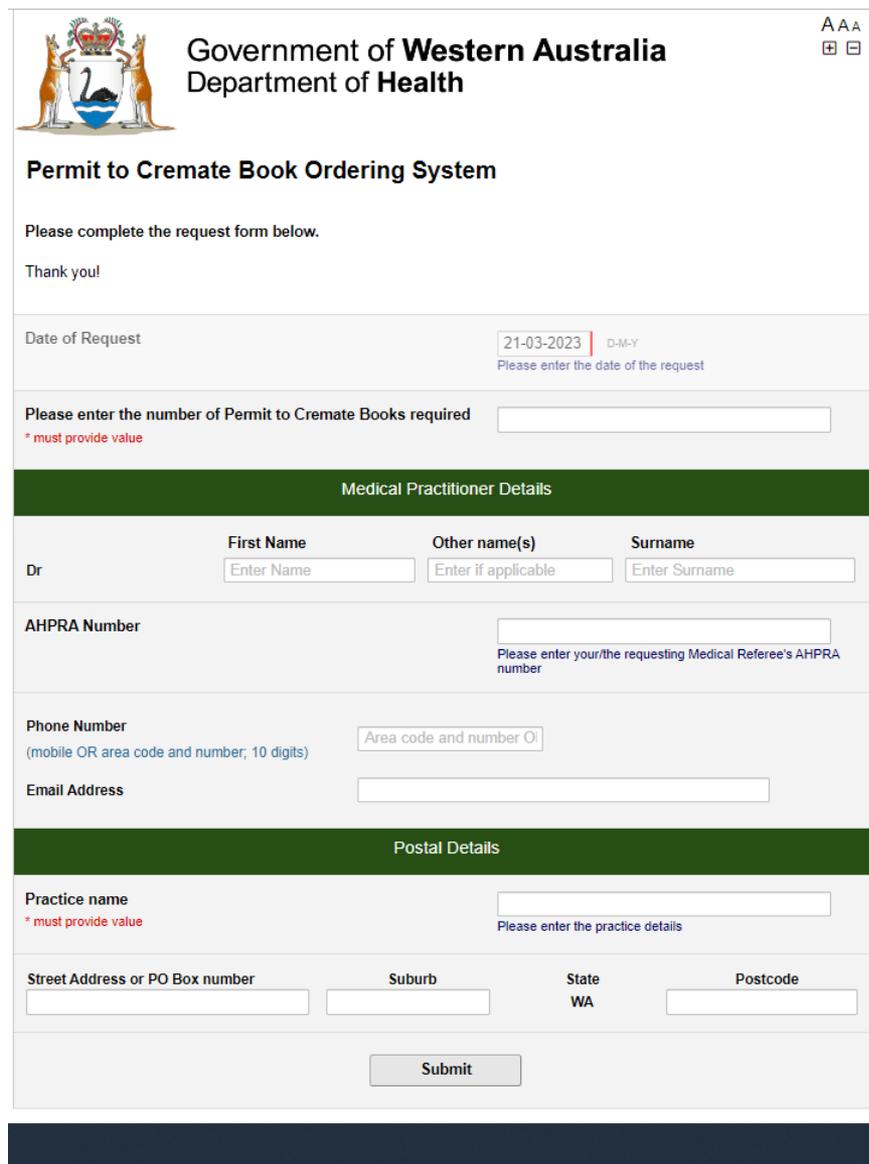
OR

- Go to [Cremation approval process and prescribed forms \(health.wa.gov.au\)](https://health.wa.gov.au/) tab “Permit to Cremate Ordering System”

Completing the form

To complete the form you will need the following information:

- ✓ How many books you require (50 permits per book)
- ✓ Name of medical referee
- ✓ Medical referee's AHPRA registration number
- ✓ Practice phone number (must be 10 digits with no spaces) and email address
- ✓ Postal address for the order



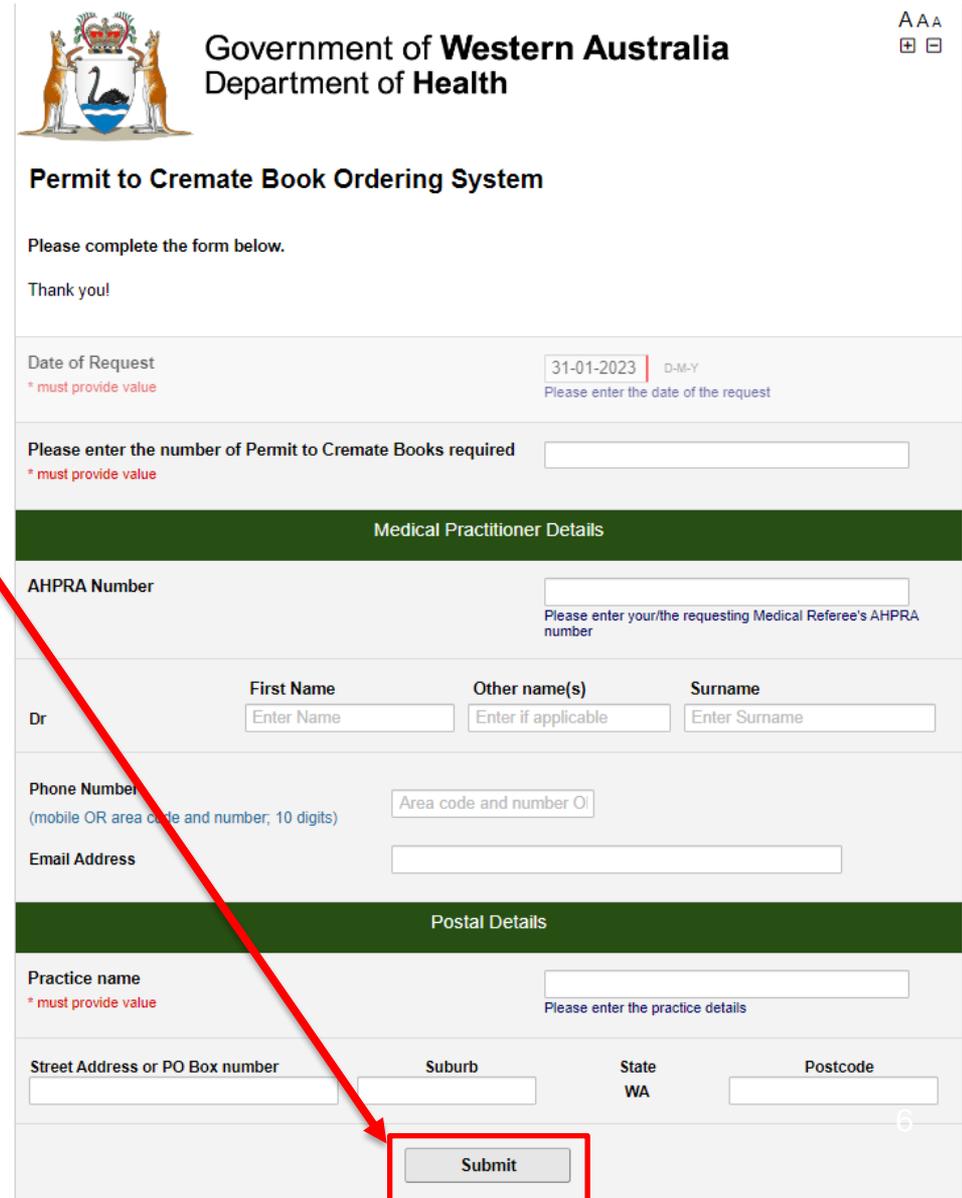
The screenshot shows the 'Permit to Cremate Book Ordering System' form. At the top left is the Government of Western Australia coat of arms, and to its right is the text 'Government of Western Australia Department of Health'. In the top right corner, there are accessibility icons (AAA and a grid) and a small 'AAA' text label. Below the header, the title 'Permit to Cremate Book Ordering System' is displayed. A message says 'Please complete the request form below.' followed by 'Thank you!'. The form contains several input fields: 'Date of Request' with a date picker showing '21-03-2023' and a 'D-M-Y' label; a field for 'Please enter the number of Permit to Cremate Books required' with a red asterisk and 'must provide value' note; a green header for 'Medical Practitioner Details' containing fields for 'Dr', 'First Name', 'Other name(s)', and 'Surname'; 'AHPRA Number' with a red asterisk and 'must provide value' note; 'Phone Number' (10 digits) with an 'Area code and number 0' field; and 'Email Address'. A second green header for 'Postal Details' contains a 'Practice name' field (with red asterisk and 'must provide value' note), and fields for 'Street Address or PO Box number', 'Suburb', 'State WA', and 'Postcode'. A 'Submit' button is at the bottom.

Submitting the form

Once complete, please press
Submit

You cannot save the form and go
back to it later

We will confirm shipment via email



 Government of **Western Australia**
Department of **Health** AAA
☰ ☱

Permit to Cremate Book Ordering System

Please complete the form below.
Thank you!

Date of Request D-M-Y
* must provide value Please enter the date of the request

Please enter the number of Permit to Cremate Books required
* must provide value

Medical Practitioner Details

AHPRA Number
Please enter your/the requesting Medical Referee's AHPRA number

Dr

First Name	Other name(s)	Surname
<input type="text" value="Enter Name"/>	<input type="text" value="Enter if applicable"/>	<input type="text" value="Enter Surname"/>

Phone Number
(mobile OR area code and number, 10 digits) Area code and number O

Email Address

Postal Details

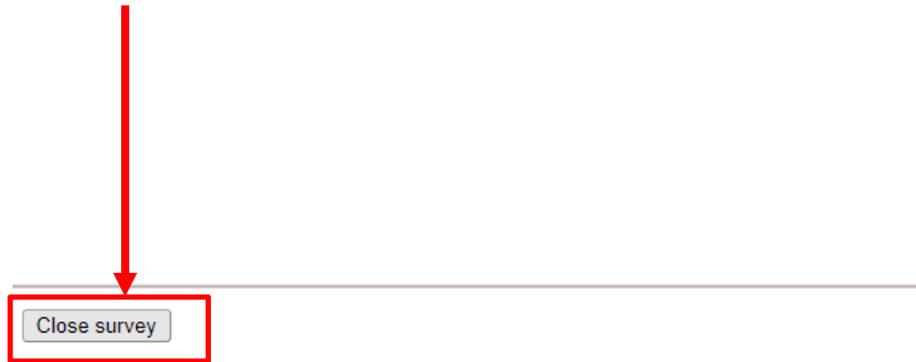
Practice name
* must provide value Please enter the practice details

Street Address or PO Box number Suburb State Postcode

6

Submitting the form

You will be directed to this page and you can click “Close Survey” and exit out of the window



Receiving the books

The order will be processed within 7 working days and sent to the postal address specified on the order form

Once actioned, you will receive an email confirmation to the email entered on the order form

A sample email is shown below

Order Sent



[Reply](#) [Reply All](#) [Forward](#) [...](#)

Tue 31/01/2023 3:43 PM

Dear Dr Smithers,

Your order for 30 books of Permit to Cremate permits has been processed and has been sent via mail to the postal address provided on the order form.

Date sent:31-01-2023.

Please contact EDPHWA@health.wa.gov.au if there are any issues.

Kind Regards,

Medical and Regulatory Support Team

Public and Aboriginal Health Division

Department of Health

Any queries can be directed to EDPHWA@health.wa.gov.au

Thank you