



Application to change a Health Service Permit for Residential Care

Medicines and Poisons Act 2014



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INSTRUCTIONS and INFORMATION

1.	<p>This form is for requesting changes to an existing Residential Care 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</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 a Residential Care 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 a Residential Care 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 Residential Care 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 imprest 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 Residential Care 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 imprest medicines to the Permit• Relocation of an existing premises to a new location• Addition of a new premises 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 person</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 28.</p> <p>6.1 Qualifications of person nominated as the new Permit holder:</p> <p>The new Permit holder must:</p> <ul style="list-style-type: none">• be either a medical practitioner, nurse practitioner or registered nurse only, registered with the Australian Health Practitioner Regulation Agency (AHPRA)• have authority within the business to determine policies and procedures in relation to handling and managing imprest medicines on the Permit.



	<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>
7.	<p>Changing the person responsible for a premises listed on the Permit</p> <p>A new responsible person will have overall responsibility for and manage the imprest 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>8.1 Responsible person for a Permit issued to an individual person</p> <p>The responsible person for a premises when a Permit is issued to an individual medical practitioner or nurse practitioner can be the:</p> <p>a) permit holder, only if, the permit is issued to an individual person and not a corporation/partnership or b) the most senior medical practitioner, nurse practitioner or registered nurse at the facility.</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 medical practitioner, nurse practitioner or registered nurse at the facility or b) the Medical Director or Clinical Director employed by the corporation or partnership who has authority to determine policies and procedures to manage the imprest medicines.</p> <p>Please note: a responsible person must consider whether they have capacity to oversee the day to day management of the imprest 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.</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 28</p>
9.	<p>Relocation or addition of a premises</p> <p>If a premises listed on an existing Residential Care Permit:</p> <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 Residential Care Permit: <p>and the relocated or added premises (second premises) is currently listed on a different Permit:</p> <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.
10.	<p>Schedule 2, 3, 4 and 8 imprest medicines</p> <p>Sections 15 and 16 relate to the storage and use of Schedule of 2,3, and 4 imprest medicines and Section 17 relates to Schedule 8 (Controlled Drug) imprest medicines.</p>



11.	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.
12.	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 hand writing will not be accepted. The current Permit holder must sign the Declaration for making a change to the Permit at Section 21. 12.1 Who can sign for a change to a Residential Care Permit: If the Residential Care 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 Residential Care Permit is held by a partnership or body corporate, the person who signed the original Permit application should sign the Declaration.
13.	Approving a change to a Permit Applying for a change to an existing Permit does not guarantee the requested changes will be approved.
14.	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).
15.	Extra information When applying for a change to an existing Permit, refer to the: Guide to applying for a Licence or Permit
16.	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 a RESIDENTIAL CARE PERMIT

1. General information	
Permit number: _____	Name of current Permit holder: _____
Postal address: _____	Suburb: _____ Postcode: _____
Telephone: _____	Fax: _____ Email: _____
1.1 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 impest 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, 17.1, 17.3,21
Changes with a fee of \$90	
<input type="checkbox"/> Change of individual Permit holder	Part 1: Sections 8, 21 Part 2: Sections 22-28 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 impest medicines already listed on the Permit If increasing quantity of Schedule 8 impest medicines on the Permit	Part 1: Sections 10,21 Plus Sections 17.1, 17.3 Part 4: Section 34
<input type="checkbox"/> Addition of certain Schedule 2,3, and 4 impest medicines to the Permit If adding Schedule 8 impest medicines to the Permit	Part 1: Sections 11,21 Plus Section 17 Part 4: Section 34
<input type="checkbox"/> Relocation of an existing premises to a new premises If relocated premises will be storing Schedule 8 impest medicines	Part 1: Sections 12,14,15,16,21 Plus Section 17 Part 4: Section 34
<input type="checkbox"/> Addition of another new premises to the Permit If new added premises will be storing Schedule 8 impest medicines	Part 1: Sections 13,14,15,16, 21 Plus Section 17 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 impest 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 a RESIDENTIAL CARE 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 business will cease operating at these premises: _____

Is the business at the premises being sold to another residential care business?

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

The Department requires the person taking over the residential care facility to either:

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

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

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

☐ No ☐ Yes: please also complete Sections 6

5. Remove certain imprest medicines from the Permit

Premises name: _____

Address: _____ Suburb: _____ Postcode: _____

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

- | | |
|--|--|
| <input type="checkbox"/> Schedule 2- Pharmacy medicine | <input type="checkbox"/> Schedule 3 – Pharmacist only medicine |
| <input type="checkbox"/> Schedule 4 – Prescription only medicine | <input type="checkbox"/> Schedule 8 – Controlled drug |

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

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

☐ No ☐ Yes: please also complete Sections 6



PART 1: APPLICATION to change a RESIDENTIAL CARE PERMIT
Changes without a fee

6. Information about disposal of imprest medicines

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

- ☐ Transferred to the residential care business taking over the business:
Name of the new facility/business _____
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: _____

6.2 Schedule 8 imprest medicines (Controlled Drug)

Are any Schedule 8 imprest medicines remaining?

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

What will happen to the remaining Schedule 8 imprest medicines?

- ☐ they will be transferred to the business taking over the facility, 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 licensed clinical waste disposal service – please confirm the following:
- ☐ S8 imprest 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/hospitals are not obligated to accept imprest medicines for disposal if they have not supplied the medicine

² [Disposal of medicines](#)

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



PART 1: APPLICATION to change a RESIDENTIAL CARE PERMIT
Changes without a fee

7. Upgrading storage and security

Premises name: _____

Address: _____ Suburb: _____ Postcode: _____

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

7.1 Upgrading a drug safe

If upgrading a drug safe for storing imprest medicines in Schedule 8 please complete Sections 17.1 and 17.3 Do not make a payment if the Permit currently lists Schedule 8 imprest medicines and the change is for upgrading the drug safe only.



PART 1: APPLICATION to change a RESIDENTIAL CARE 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, nurse practitioner, registered nurse or pharmacist.

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: _____ 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

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 imprest medicines

Premises name: _____

Address: _____ Suburb: _____ Postcode: _____

10.1 Imprest 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 imprest 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 imprest 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 RESIDENTIAL CARE PERMIT
Changes with a fee

11. Addition of imprest medicines

Premises name: _____

Address: _____ Suburb: _____ Postcode: _____

11.1 Imprest 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 imprest medicines are to be added, please list below:

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

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

- ☐ Locked room ☐ Locked cupboard

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

- ☐ Locked room with refrigerator ☐ Locked refrigerator

11.2.3 Temperature monitoring for refrigerated imprest medicines in Schedule 2,3 and 4

Please indicate how the temperature of refrigerated imprest 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 imprest 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 imprest medicines being added to the Permit

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

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

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



PART 1: APPLICATION to change a RESIDENTIAL CARE 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 14,15,16,20 and 33 (payment) and complete all of Section 17 if Schedule 8 imprest 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 14,15,16,21 and 34 (payment) and complete all of Section 17 if Schedule 8 imprest medicines will be stored at the new added premises.



PART 1: APPLICATION to change a RESIDENTIAL CARE PERMIT

Changes with a fee

14. Information about the relocated or new added premises

Is this premises being bought from another residential care business? See instruction number 9.

☐

No

☐

Yes: Name of previous residential care business? _____

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 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: _____



PART 1: APPLICATION to change a RESIDENTIAL CARE PERMIT

Changes with a fee

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

List of impest 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 17

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

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

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

- ☐ Locked room ☐ Locked cupboard

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

- ☐ Locked room with refrigerator ☐ Locked refrigerator

15.1.3 Temperature monitoring for refrigerated impest medicines in Schedule 2,3 and 4

Please indicate how the temperature of refrigerated impest 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 impest 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 impest medicines in Schedule 2,3, and 4 at relocated or new added premises

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

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

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

Will the impest 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 impest 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 a RESIDENTIAL CARE PERMIT
Changes with a fee

16. Administration of Schedule 4 imprest medicines to patients at relocated/added facilities

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

16.1.1 ☐ **Medical Practitioner**

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

- ☐ Doses of **Schedule 4** imprest medicines will only be *administered* by the medical practitioner or in accordance with a direction by a medical practitioner for each individual patient.
- ☐ 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 imprest medicines.
- ☐ 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 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.

² Complete Section 16.2

16.1.2 ☐ **Nurse Practitioner**

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

- ☐ Please check to confirm if **Schedule 4** imprest 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, Schedule 2 and 3 medicines can be administered by any person, however the residential care facility may have their own policy and procedures in relation to the administration of Schedule 2 and 3 medicines.



PART 1: APPLICATION to change a RESIDENTIAL CARE PERMIT
Changes with a fee

17. Schedule 8 medicines (Controlled Drug) as imprest stock

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 imprest medicines as per Section 10.2

Complete all of Section 17 if adding Schedule 8 imprest medicines to the Permit as per Section 11.1

Complete all of Section 17 if a relocated premises will be storing Schedule 8 imprest medicines as per Section 12.3

Complete all of Section 17 if a new added premises will be storing Schedule 8 imprest medicines as per Section 13.2

Is this premises being bought from another residential care business? see instruction number 9.

☐ No ☐ Yes: name of previous residential care business: _____

Are S8 imprest medicines being transferred from the previous Residential Care?

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

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

☐ 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 imprest medicines at the relocated or new added facility

Confirm address of facility: _____

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

17.1.2 Please list all required S8 imprest 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 imprest 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 ampule = 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

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

The number of human doses of S8 imprest medicines stored in the safe will determine the size of the safe.

Number of human doses	Compliant drug safe	Motion detector ¹
≤ 250	Small	Not required
Between 251- 500	Small	Required
> 500	Large	Required



PART 1: APPLICATION to change a RESIDENTIAL CARE PERMIT
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17.3 Number of Schedule 8 human doses and required drug safe. Complete Section 6.3 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: Requirements for a small safe

17.3.2 ☐ **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 detector¹ 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 device¹

Schedule 8 large drug safe make and model number: _____

- ☐ Check to confirm the safe is compliant with requirements for a large drug safe as per Appendix B.
☐ Check to confirm safe is covered by motion detector linked to continuously monitored alarm system.

Does the large safe weigh more than one tonne?

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

Please **attach** photos showing:

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

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



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Changes with a fee

17.4 Access to Schedule 8 impost medicines at relocated or new added premises

- ☐ Please check to confirm that only AHPRA registered health practitioners authorised under the *Medicines and Poisons Act 2014* to possess Schedule 8 impost medicines and employed by the residential care facility will have unsupervised access to S8 impost medicines and keys/entry codes to storage rooms and drug safes.

17.5 Record keeping for Schedule 8 impost medicines at relocated or new added premises

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

- ☐ Patient notes OR ☐ Other- please describe: _____

Which type of drug register will be used to record the receipt of and administration of S8 impost 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

17.6 Inventory, loss, theft and discrepancies of Schedule 8 impost medicines at relocated or new added premises

- ☐ Check to confirm an inventory (balance check) of S8 impost 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 impost medicines will be reported to MPRB and police ASAP³

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

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

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

- ☐ Taken to pharmacy or hospital for disposal ⁴
Name of pharmacy/hospital: _____
or
☐ Returned to wholesaler for disposal
Name of wholesaler: _____
or
☐ *Destroyed* at the premises, placed into a 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 impost 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/hospitals are not obligated to accept impost medicines for disposal if they have not supplied the medicine

⁵ [Disposal of medicines](#)

⁶ Persons authorised to destroy and make S8 impost medicines unidentifiable and persons authorised to witness this process include health professionals permitted to possess S8 medicines such as medical practitioners, RN's, pharmacists.



PART 1: APPLICATION to change a RESIDENTIAL CARE PERMIT
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17.8 Administration of Schedule 8 impest medicines to patients at relocated or new added premises

Type of health practitioner authorising administration of Schedule 8 impest medicines to patients

17.8.1 ☐ **Medical Practitioner**

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

- ☐ Doses of Schedule 8 impest medicines will only be *administered* by the medical practitioner or in accordance with a direction by a medical practitioner for each individual patient.
- ☐ 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 impest medicines.
- ☐ 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.

17.8.2 ☐ **Nurse Practitioner**

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

- ☐ Please check to confirm Schedule 8 impest medicines will only be *administered* by a nurse practitioner or *in* accordance with a direction by a nurse practitioner for each individual patient.

18. Standard Operating Procedures (SOPs) at relocated or new added premises

Will SOPs for the residential care facility be the same as for another facility listed on the Permit?

- ☐ Yes: SOP is the same as: _____
- ☐ No: please **confirm** the residential care facility has the following SOPs
- ☐ **SOP for ordering impest medicines.** The SOP must support the following requirements:
 - a) Orders for impest medicines 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 or enrolled nurses should receive medicines when delivered by wholesalers or the contracted pharmacy. Other staff such as administration staff cannot be designated as responsible for taking delivery of scheduled medicines.
 - c) Scheduled medicines must be ordered from a licensed pharmaceutical wholesaler.
 - d) Naming the pharmacy or wholesaler from which impest medicines are ordered from.
- ☐ **SOP for obtaining authorisation** from a prescriber before impest medicines are administered to a resident. The SOP must support the following requirements:
 - a) All the details for the administration of impest medication is entered on the patient's medication chart and signed by the prescriber OR
 - b) Prescriber authorises administration orally or by telephone or other electronic means and are entered into the Patient's Medication Chart and signed by the prescriber within 24 hours OR
 - c) Prescriber has authorised administration via a SASA.



PART 1: APPLICATION to change a RESIDENTIAL CARE 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 imprest 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, or if the Permit is issued to a corporation or partnership, the declaration must be signed by a corporate officer or partner.

Please refer to Instruction 12 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

☐ the individual 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 person (medical practitioner or nurse 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.

23.1 Which type of health practitioner will be the new individual Permit holder – tick which one applies:

☐ Medical practitioner ☐ Nurse practitioner ☐ Registered nurse

AHPRA registration number: _____ Registration expiry date: _____

23.2 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, nurse practitioner or registered nurse. 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 impest medicines.
- ☐ Please check to confirm that you will always have access to the impest 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 impest medicines.

24.1 Confirmation of SOPs by new individual Permit holder (medical practitioner)

As the new Permit holder, confirm the residential care facility has the following SOPs for medicines:

- ☐ **SOP for ordering impest medicines.** The SOP must support the following requirements:
 - a) Orders for impest medicines 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 or enrolled nurses should receive medicines when delivered by wholesalers or the contracted pharmacy. Other staff such as administration staff cannot be designated as responsible for taking delivery of scheduled medicines.
 - c) Scheduled medicines must be ordered from a licensed pharmaceutical wholesaler.
 - d) Naming the pharmacy or wholesaler from which impest medicines are ordered from.
- ☐ **SOP for obtaining authorisation** from a prescriber before impest medicines are administered to a resident. The SOP must support the following requirements:
 - a) All the details for the administration of impest medication is entered on the patient's medication chart and signed by the prescriber OR
 - b) Prescriber authorises administration orally or by telephone or other electronic means and are entered into the Patient's Medication Chart and signed by the prescriber within 24 hours OR
 - c) Prescriber has authorised administration via a SASA.

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:



PART 2: PERSONAL INFORMATION: new PERMIT HOLDER

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, nurse practitioner or registered nurse

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

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



PART 2: PERSONAL INFORMATION: new PERMIT HOLDER

28. 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 12 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 Residential Care 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 handling of imprest 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

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 8 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 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 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).

30. Qualifications of new responsible person

30.1 Qualifications of responsible person

☐ Medical practitioner ☐ Nurse practitioner ☐ Registered nurse ☐ Enrolled nurse

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



PART 3: PERSONAL INFORMATION: new RESPONSIBLE PERSON

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

¹ Minor traffic offences are not classified as indictable offences



PART 3: PERSONAL INFORMATION: new RESPONSIBLE PERSON

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 12 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 Residential Care 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 a Residential Care 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
- Add medicines to the 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 Residential Care 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 a Residential Care 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 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 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 and qualifications for each new officer/ partner (Section 22.3)
- ☐ If the new Permit holder is an individual medical practitioner, nurse practitioner or registered nurse, 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 23.2)
- ☐ 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, nurse practitioner or registered nurse 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	