



Cosmetic Procedure Clinic Permit Application Form

Medicines and Poisons Act 2014



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INSTRUCTIONS and INFORMATION

- 1.** This application form is for a new **Cosmetic Procedure Clinic Permit** to purchase, store and use medicines in Schedule 2 (Pharmacy Only), Schedule 3 (Pharmacist Only) and Schedule 4 (Prescription Only Medicines) **for cosmetic injection only.**
- If cosmetic injections are administered within a comprehensive general practice or specialist medical practice, with medical practitioners always on premises whenever the practice is treating patients, please use the general Medical/Dental Practice application form.
- Permits will only be issued to dentists for use of cosmetic injections within a comprehensive dental practice and dentists should use the Medical/Dental Practice application form.
- This application form **MUST** be completed by the nominated applicant who will be:
- the individual permit holder or
 - a corporate officer, if the permit is being issued to a body corporate or
 - a partner, if the permit is to be issued to a partnership
- The applicant must be suitably qualified and understands the requirements and terminology contained in this application form.
- All communication will ONLY be with the nominated Permit holder, corporate officer or partner.**
- To request a change to an existing permit, please complete an Application to Change a Cosmetic Procedure Clinic Permit, found at: [Application forms for Licences and Permits](#)
- There are five parts to this form:
- Part 1: Application form for a Cosmetic Procedure Clinic Permit.
Part 2: Personal Information: Identification, Fitness and Probity (PIF) to be completed by the nominated applicant.
Part 3: Personal Information: Identification, Fitness and Probity (PIF) to be completed by the nominated responsible person.
Part 4: Payment and checklist.
Part 5: Appendix
- 2. Permit holder and qualifications and/or experience**
- 2.1 Permits can be issued to:**
- a) Individual applicants (**medical practitioner or nurse practitioner only**), who must:
- complete Part 2: Personal Information: Identification, Fitness and Probity and sign the declaration at Section 17.
 - be either a medical practitioner or nurse practitioner¹ 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 the medicines on the Permit and managing patients undergoing cosmetic procedures.
 - consider their personal scope of practice and suitability when applying for this type of permit.
- b) Body corporate (corporation) or partnership where:
- each corporate officer (directors, company secretary, chief executive officer, general manager and chief financial officer) or partner must complete Part 2: Personal Information: Identification, Fitness and Probity and sign the declaration at Section 17.
- 2.2 Permits issued to a corporation or partnership**
- The corporation or partnership:
- must always employ a Medical Director or Clinical Director i.e. medical practitioner or nurse practitioner¹ registered with AHPRA, who must have authority within the business to determine policies and procedures in relation to handling and managing the medicines on the Permit and managing patients undergoing cosmetic procedures.



2.3 Permit holder responsibilities

If the Permit is issued, it is the responsibility of the applicant (Permit holder) to ensure compliance with the *Medicines and Poisons Act 2014* and Regulations 2016 and any conditions placed on the Permit.

The Permit holder must also consider whether they have capacity to ensure compliance with the *Medicines and Poisons Act 2014* and Regulations 2016 and compliance with conditions placed on the Permit for every premises listed on the Permit. The Department may request further information in relation to this capacity.

The Permit holder should review standard operating procedures used by the organisation to check they are consistent with the mandatory requirements of the legislation and any conditions placed on the Permit.

There are penalties under the Act for providing false or misleading information when applying for a new Permit.

¹ A nurse practitioner applying to be a permit holder or employed as a Clinical Director must **attach** evidence showing their advanced nursing practice experience is applicable to their role in a cosmetic procedure clinic where prescription medicines are stored and used.

3. Person responsible for a premises and qualifications

An individual person must also be nominated to have overall responsibility for each premises to be included on the Permit. 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.

The responsible person for a premises must:

- be employed or contracted by the Permit holder
- reside in WA
- complete Part 3: Personal Information: Identification, Fitness and Probity
- sign the declaration at Section 22.

3.1 Responsible person for a Permit issued to an individual person:

The responsible person for a premises when a Permit is issued to an individual person can be:

- a) the individual Permit holder, only if the Permit is issued to an individual person (medical practitioner or nurse practitioner) and not a corporation or partnership **or**
- b) the most senior medical practitioner, nurse practitioner or registered nurse at the premises

3.2 Responsible person for a Permit issued to a corporation or partnership

The responsible person for a premises when a Permit is issued to a corporation or partnership can be:

- a) the most senior medical practitioner, nurse practitioner or registered nurse at the premises
or
- b) the Medical Director or Clinical Director employed by the corporation or partnership. Refer to 2.2

Please note: a responsible person must consider whether they have capacity to oversee the day to day management of 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.

4. Standard Operating Procedures (SOPs).

This application requires the applicant to confirm the Cosmetic Procedure Clinic has a number of SOPs.

The Department may request that the SOPs be made available for auditing purposes.

The issuing of a Permit does not imply approval or otherwise of the SOPs.

5. Required documents

The applicant and responsible person are required to submit copies of certain documents.



	<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. Copies of photographic identification documents, such as a drivers licence or passport must be certified as a true copy. A list of people who can certify copies of documents is found in Appendix A.</p>
<p>6.</p>	<p>Signatures All signatures must be signed in ink or via a verifiable electronic signature. An electronic signature is only acceptable if the submitted application allows the Department to verify the signature. A “signature” that is copied and pasted and a “signature” that is the person’s name in a font style resembling handwriting will not be accepted. The nominated Permit holder must sign the Declaration at Section 12 for obtaining a Permit. If the Permit will be held by a corporation or partnership, a corporate officer or partner must sign the Declaration.</p>
<p>7.</p>	<p>Issuing a Permit Applying for a Permit does not guarantee a Permit will be issued. An application must be deemed complete and payment received before the application is sent to the approvals team where a desktop risk assessment is conducted by an authorised officer. The Department assesses each application individually and may decide against issuing a Permit. If the Permit is issued: <ul style="list-style-type: none"> • it will expire 1 year after the date of issue, • a renewal application will be mailed to the postal address approximately 2 months prior to expiry. <ul style="list-style-type: none"> ○ It is the Permit holder’s responsibility to inform the Department if the postal address changes. If the Permit is not issued: <ul style="list-style-type: none"> • the applicant will be provided with details of the reasons in writing, • the yearly Permit fee will be refunded, • the application fee is non-refundable. </p>
<p>8.</p>	<p>Processing applications Applications will be processed in order of receipt after payment has been processed by Finance, provided the required fee has been paid. To ensure a timely decision about your application, please: <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, • Please do not submit your application as a digital image (photograph). </p>
<p>9.</p>	<p>Extra information When applying for a Permit please refer to the Guide to applying for a Licence or Permit and Cosmetic Procedure Clinic Guideline</p>
<p>10.</p>	<p>Submitting the application 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 for a COSMETIC PROCEDURE CLINIC PERMIT

1. Details of applicant (nominated Permit holder)

Refer to instruction number 2, for information on the requirements for being a Permit holder.

Name of Legal Entity (may be different to business or trading name): _____

Business or trading name: _____

Type of Permit (tick which one applies):

- Individual person (on behalf of a business). Complete section 1.1 and 1.3 to 1.6
- Body Corporate (corporation) or partnership. Complete Section 1.2 and 1.3 to 1.6

1.1 Permit to be issued to an individual person (on behalf of a business)

Can only be issued to a medical practitioner or nurse practitioner (tick which one applies)

- Medical practitioner
- Nurse practitioner: must have advanced nursing practice experience applicable to managing patients undergoing cosmetic procedures

Title: _____ Forename/s: _____ Surname: _____

Postal address: _____ Suburb: _____ Postcode: _____

Telephone: _____ Fax: _____ Email: _____

Position in business: _____

The applicant must **complete Part 2**: Personal Information: Identification, Fitness and Probity.

1.2 Corporation or partnership. Tick which one applies

- Corporation**
Each corporate officer: directors, company secretary, chief executive officer, general manager and chief financial officer must **complete Part 2**: Personal Information: Identification: Fitness and Probity; and
1.2.1 **Attach** a copy of Current Company Extract from ASIC (with details of company directors and secretary)
- Partnership**
Each partner must **complete Part 2**, Personal Information: Identification: Fitness and Probity.

1.3 Business/Trading name

If the business has a Business/Trading Name, **attach** a copy of certificate of Record of Registration for Business Name or Current Business Name Extract (from Australian Securities and Investment Commission [ASIC]).

1.4 **Australian Business Number:** _____

1.5 **Australian Company Number (ACN) or Australian Registered Body Number (ARBN), if applicable:**

1.6 Registered business address of applicant:

- Same as postal address shown above or:

Address: _____ Suburb: _____ Postcode: _____



Part 1: Application for a Cosmetic Procedure Clinic Permit

2. Permits issued to a corporation or partnership

Is the applicant a corporation or partnership?

- No, the applicant is an individual medical practitioner or nurse practitioner
- Yes: complete Section 2.1 and 2.2

2.1 **Check** to confirm the corporation or partnership always employs a person who:

- Is a Medical Director or Clinical Director i.e., a registered medical practitioner or nurse practitioner and
- has authority within the corporation or partnership to determine policies and procedures in relation to managing and storing medicines and the administration of medicines to patients undergoing cosmetic procedures.

2.1 Details of medical director or clinical director employed by the corporation or partnership.

Title: _____ Forename(s): _____ Surname: _____

Health practitioner type

- Medical practitioner
- Nurse practitioner - must **attach** evidence showing their advanced nursing practice experience is applicable to managing patients undergoing cosmetic procedures.

AHPRA registration number: _____ Expiry date: _____

3. Type of Consultation

What type of consultation will be used by the prescribing medical practitioner or nurse practitioner to review patients before prescribing prescription medicines, such as botulinum toxin and dermal fillers? (Choose **ONE** option only)

- All patients will have a face to face (in person) consultation with the prescriber.
- All patients will have a video consultation with the prescriber.
- The patient consultation could take place either face to face (in person) or via video.

4. Health professional involvement

Will the prescribing medical practitioner or nurse practitioner always be present at the cosmetic procedure clinic when Schedule 4 cosmetic injections are being administered? Yes No

Will a registered nurse always be present at the cosmetic procedure clinic when Schedule 4 cosmetic injections are being administered? Yes No

Will a medical practitioner, nurse practitioner or registered nurse be administering all scheduled medicines to patients? Yes No

Will cosmetic injections purchased by the cosmetic procedure clinic be administered to patients at locations other than the premises listed on the permit?

- No
- Yes: please describe the locations where administration will occur:

Note: Permits are issued with the condition that **all** premises at which administration will occur must comply with the Royal Australian College of General Practitioners (RACGP) Infection prevention and control standards (Chapters 1 to 3). It is the responsibility of the permit holder to ensure these standards are met for all premises. This includes both premises listed on the permit (as storage/administration locations) and, **if** applicable, any other premises at which administration will be undertaken.



Part 1: Application for a Cosmetic Procedure Clinic Permit

5. Details of authorising health practitioners

Please provide details of the main medical practitioner/s or nurse practitioner/s¹ who will be authorising administration of prescription medicines to patients of the cosmetic procedure clinic:

a) Name of authorising health practitioner: _____

Usual practice address: _____ Suburb: _____ Postcode: _____

Telephone: _____ Fax: _____ Email: _____

Medical practitioner Nurse practitioner¹ AHPRA registration number: _____

b) Name of authorising health practitioner: _____

Usual practice address: _____ Suburb: _____ Postcode: _____

Telephone: _____ Fax: _____ Email: _____

Medical practitioner Nurse practitioner¹ AHPRA registration number: _____

c) Name of authorising health practitioner: _____

Usual practice address: _____ Suburb: _____ Postcode: _____

Telephone: _____ Fax: _____ Email: _____

Medical practitioner Nurse practitioner¹ AHPRA registration number: _____

d) Name of authorising health practitioner: _____

Usual practice address: _____ Suburb: _____ Postcode: _____

Telephone: _____ Fax: _____ Email: _____

Medical practitioner Nurse practitioner¹ AHPRA registration number: _____

e) Name of authorising health practitioner: _____

Usual practice address: _____ Suburb: _____ Postcode: _____

Telephone: _____ Fax: _____ Email: _____

Medical practitioner Nurse practitioner¹ AHPRA registration number: _____

¹ must have advanced nursing practice experience in managing patients undergoing cosmetic procedures



Part 1: Application for a Cosmetic Procedure Clinic Permit

6. Premises and building security details
<p>Section 6 must be completed for every premises listed on the Permit.</p> <p>Is this premises being bought from another cosmetic procedure clinic business?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes: Name of previous cosmetic procedure clinic: _____</p> <p style="padding-left: 40px;">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.</p> <p>6.1 Premises details</p> <p>Premises name (if applicable): _____</p> <p>Premises address: _____ Suburb: _____ Postcode: _____</p> <p>Telephone: _____ Fax: _____ Email: _____</p> <p>Date of possession of the premises (settlement date/lease commencement/handover of building): _____</p> <p>Note: Permit will be issued with "Valid from" date on or after this date</p> <p>6.2 Person responsible for a premises</p> <p>Refer to instruction number 3, for information on the requirements for being responsible for a premises.</p> <p>Details of nominated responsible person for the premises named in Section 6.1</p> <p>Health practitioner type: <input type="checkbox"/> Medical practitioner <input type="checkbox"/> Nurse practitioner <input type="checkbox"/> Registered nurse</p> <p>Title: _____ Forename(s): _____ Surname: _____</p> <p>The nominated responsible person must complete Part 3: Personal Information: Identification, Fitness</p> <p>6.3 Location of premises</p> <p><input type="checkbox"/> Commercial <input type="checkbox"/> Industrial</p> <p>6.3.1 Is local government approval required to operate a cosmetic procedure clinic from the premises?</p> <p><input type="checkbox"/> Yes: attach evidence of local government approval to operate the clinic from the premises.</p> <p><input type="checkbox"/> No: Local government may be asked to comment on applications which may increase processing time</p> <p>6.3.2 Is the premises used by other businesses (such as beautician services)</p> <p><input type="checkbox"/> Yes – details of co-located businesses _____</p> <p><input type="checkbox"/> No</p> <p>6.4 Building security</p> <p>Please check all that apply:</p> <p><input type="checkbox"/> Dedicated monitored alarm system <input type="checkbox"/> Video surveillance system (CCTV) <input type="checkbox"/> Motion detectors</p> <p><input type="checkbox"/> Perimeter fence with lockable gate <input type="checkbox"/> Perimeter alarm</p> <p><input type="checkbox"/> Other – please describe: _____</p>



Part 1: Application for a Cosmetic Procedure Clinic Permit

7. Required scheduled medicines, storage and access

Section 7 must be completed for every premises listed on the Permit.

Please list the medicines required (including, but not limited to, cosmetic injections, analgesics, local anaesthetics and rescue medicines, such as adrenaline).

Name, strength and form of medicine	Schedule	Approximate quantity required

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

7.1.1 Please **attach** a diagram of the premises, showing where the scheduled medicines will be stored.

7.1.2 Please confirm how non-refrigerated medicines will be stored (check all that apply)

Locked room Locked cupboard

Please **attach** photos of locked room and/or locked cupboard

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

Please confirm how refrigerated medicines will be stored:

Locked room with refrigerator Locked refrigerator

Please **attach** photos of locked room with refrigerator in situ or locked refrigerator

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

Please confirm how the temperature of refrigerated medicines will be monitored:

Vaccine refrigerator with an inbuilt thermometer with downloadable 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)
- must create an alarm if the temperature is outside the designated range.

7.2 Storage area for Schedule 2,3, and 4 medicines

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

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

Section 7 continues next page



Part 1: Application for a Cosmetic Procedure Clinic Permit

7.3 Access to scheduled medicines

- Please check to confirm that only AHPRA registered health practitioners who are authorised under the *Medicines and Poisons Act 2014* to possess scheduled medicines and employed by the clinic will have unsupervised access to the medicines and keys/entry codes to storage rooms and refrigerators.
- If storage is in a treatment room in a premises with co-located businesses, please check to confirm that the dedicated room is lockable, used exclusively for the purpose of the issued Permit and accessible only by AHPRA registered health practitioners who are authorised under the *Medicines and Poisons Act 2014* to possess scheduled medicines and are directly employed by the clinic.
- Please check to confirm medicines delivered to the premises will only be received by an AHPRA registered health practitioner who is authorised under the *Medicines and Poisons Act 2014* to possess scheduled medicines and is employed by the clinic.

7.4 Preventing access to scheduled medicines

Please describe how non-authorised staff such as reception staff and cleaners and members of the public will be prevented from having access to scheduled medicines and clinical records:

7.5 Loss or theft of Schedule 4 medicines

- Please check to confirm any loss or theft of Schedule 4 medicines will be reported to MPRB as soon as reasonably practicable using the form found at: [Reporting loss or theft of medicines and poisons](#)

7.6 Wholesaler

Please provide the name of the wholesaler/s or supplier/s you will be purchasing scheduled medicines from:

8. Medicine and sharps disposal procedures

- Check the to confirm that the sharps containers will be available in all areas where injections are administered.
- Check the box to confirm that pharmaceutical waste, including medicines that are expired, will be securely stored until collection by a controlled waste management contractor, for final disposal by incineration



Part 1: Application for a Cosmetic Procedure Clinic Permit

9. Standard operating procedures for medicines management

Please **confirm** your Cosmetic Clinic has the following Standard Operating Procedures (SOPs) which support the requirements listed:

- SOP for ordering and receipt** of medicines for the cosmetic clinic. The SOP supports the following requirements:
- The permit holder is responsible for determining which medicines and what quantities of each medicine are ordered for each premises. Health practitioners must initiate all orders for scheduled medicines.
 - Only medical practitioners, nurse practitioners and registered nurses should receive medicines when delivered by wholesalers/pharmaceutical companies. Other staff such as reception staff and beauticians cannot be designated as responsible for this task.
 - Scheduled medicines must be ordered from a licensed pharmaceutical wholesaler or manufacturer and must be products approved for marketing in Australia.
- SOP for obtaining a direction to administer**, from a medical practitioner or nurse practitioner, for each patient, before any medicines are administered. The SOP supports the following requirements:
- The direction to administer must include the name of each medicine to be administered to the patient and the specific dose (e.g. number of units), frequency at which injection may be repeated, duration of order before next review of patient by the prescriber (maximum 12 months), route of injection and area of the face/body to be treated.
 - Where directions to administer will be given verbally (such as during a video consultation), the directions must be confirmed in writing and signed off by the prescriber, within 24 hours of the direction being given.
 - Directions to administer must be included in the patient's clinical record, be kept for at least 2 years and be available to Department of Health authorised officers on request.
 - If electronic recording systems are used, including web-based systems, only a medical practitioner or nurse practitioner should be able to generate a direction to administer and records must not be able to be deleted or amended. To make a change to a direction to administer, a new direction must be written.
- SOP for recording the administration** of medicines. The SOP supports the following requirements:
- A record of administration of doses of scheduled medicines must be included in the patient's clinical record.
 - Only a medical practitioner, nurse practitioner or registered nurse can make a record of administration of doses to a patient and the name of the person making the record must be included. Handwritten records must be signed and electronic systems must record the identity of the person making the record. Electronic systems should not allow anyone other than a medical practitioner or registered nurse to enter a record of administration.
 - Each record of administration must include information identifying the health practitioner who administered the scheduled medicines to the patient.
 - Every record of administration must include details of the medicine administered including the name of the medicine (including strength and dosage form) and the dose administered, including the area of the face/body treated.
 - Records of administration must not be deleted or amended. Errors must be corrected by making another record and annotating the incorrect record.
 - All records must be available for at least 2 years from the date the record was made, including at the request of Department of Health officers. Electronic records should be regularly backed up or otherwise secured.
- SOP for storage of refrigerated** medicines. The SOP supports the following requirement:
- Refrigerated medicines are always stored at the correct temperature.
- SOP for ensuring RACGP Infection Prevention and Control** standards are met at all premises.



Part 1: Application for a Cosmetic Procedure Clinic Permit

10. Multiple premises
<p>Will medicines used in cosmetic procedures be stored at multiple premises under this Permit?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes: complete Sections 10.1 and 10.2</p> <p>10.1 Will the responsible person for the other premises be the same as the individual Permit holder or a person responsible for the premises named in Section 6.1?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No: Complete and attach Part 3: Personal Information: Identification, Fitness for the nominated responsible person for the other premises.</p> <p>10.2 Will responses to Sections 3,4,5,8, 9 be the same for the other premises as for the premises named in Section 6.1</p> <p><input type="checkbox"/> Yes: Complete and attach Sections 6 and 7 for all other premises.</p> <p><input type="checkbox"/> No: Complete and attach Sections 3,4,5,6,7,8 and 9 for all other premises.</p>

11. Declaration by applicant to obtain a Permit
<p>This declaration relates to the application itself and must be signed by the individual applicant or if the Permit is being issued to a corporation or partnership, the declaration must be signed by one of the corporate officers or partners.</p> <p>Please refer to Instruction 6 for information on acceptable signatures.</p> <p>I (provide full name): _____</p> <p>of (provide full address): _____</p> <p>hereby declare:</p> <p style="margin-left: 20px;">i. The information contained in this application form is true and correct.</p> <p style="margin-left: 20px;">ii. I am aware that penalties apply under the <i>Medicines and Poisons Act 2014</i> for providing false or misleading information in this application.</p> <p>Signature of applicant: _____ Date: _____</p> <p>Witnessed by:</p> <p style="margin-left: 20px;">_____</p> <p style="margin-left: 20px;">(Signature of Witness) (Name of Witness)</p>



PART 2: PERSONAL INFORMATION: APPLICANT

Part 2 assesses identification, fitness and probity of the Permit holder. If the Permit holder is an individual medical practitioner or nurse practitioner, all sections of Part 2 must be completed. If the Permit holder is a corporation or partnership all sections of Part 2 except Section 13 must be completed by each corporate officer or each partner.

12. Identification of applicant

Refer to instruction number 2, for information on the requirements for being a Permit holder.

12.1 Personal Details

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

Address: _____ Suburb: _____ Postcode: _____

Postal address: _____ Suburb: _____ Postcode: _____

Mobile number: _____ Email: _____

Position in business: _____

12.2 Certified true copy of a photographic identification document

ATTACH a certified¹ copy of a WA State Government or Australian Government issued photographic identification document such as drivers' licence or passport. Non-government issued identification documents will not be accepted.

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

12.3 Role in relation to Permit

- The individual who will hold the Permit on behalf of the business. Complete remainder of Part 2.
- A corporate officer: only applicable if the Permit will be issued to a body corporate. Type of corporate officer:
 Director General Manager Company secretary CEO CFO COO

Complete Sections 14,15,16 and 17 in Part 2 and **attach** a CV¹

- A partner: only applicable if the Permit will be issued to a partnership

Complete Sections 14,15,16 and 17 in Part 2 and **attach** a CV¹

¹The CV will be used to assess whether each corporate officer or partner meets the requirements of the *Medicines and Poisons Act 2014*.

13. Qualifications and experience of applicant applying as an individual person

Complete this section if you are an individual person applying for a Permit on behalf of a business. Do not complete this section, if the Permit is being issued to a corporation or partnership.

Refer to instruction number 2 for information on the requirements for being an individual Permit holder.

13.1 The individual applicant must be a medical practitioner or nurse practitioner– tick which one applies:

- Medical practitioner
- Nurse practitioner: must **attach** evidence showing their advanced nursing practice experience is applicable to managing patients undergoing cosmetic procedures.

AHPRA registration number: _____ Registration expiry date: _____

13.2 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.

13.3 Access to scheduled medicines and authority within the business

- Check to confirm that you will always have access to medicines stored at the premises listed on the Permit.
- Check to confirm that, you will have authority within the cosmetic business to determine policies and procedures in relation to managing the scheduled poisons listed on the Permit.



Part 2: Personal information: Applicant

14. Prior licences/ permits for medicines/poisons held by applicant

To be completed by the nominated individual Permit holder, each corporate officer or each partner.

14.1 Have you (or a company of which you were a corporate officer or a partner) previously held a Licence or Permit, 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 Licence or Permit 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:

14.2 Have you (or a company of which you were a corporate officer) ever been refused a Licence or Permit 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 Licence or Permit you applied for, why your application was refused and which state or territory the refusal occurred in:

15. Criminal check for applicant

To be completed by the nominated individual Permit holder, each corporate officer or each partner.

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

16. Financial resources of applicant

To be completed by the nominated individual Permit holder, each corporate officer or each partner.

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

No

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

16.2 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: Applicant

17. Declaration by applicant

This declaration must be signed by the applicant: individual medical practitioner or nurse practitioner, each corporate officer or each partner) and includes probity check consent.

Please refer to Instruction 6 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 to in relation to holding a Cosmetic Procedure Clinic Permit. These searches may include (without limitation) corporate searches, checks with health professional registration boards (including registration status and release of information on any current or ongoing investigations) and criminal record checks. I also understand I may be requested to provide further information relevant to determining fitness and probity.
- b. I am at least 21 years of age.
- c. The information contained in this application form is true and correct.
- d. I am aware there are penalties under the *Medicines and Poisons Act 2014* for providing false or misleading information.
- e. I am aware of my responsibility for the safe storage and use of the 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 am no longer employed by the Cosmetic Procedure Clinic, a corporate officer (if the applicant is a corporation) or a partner (if the applicant is a partnership)

Signature: _____ Name: _____ Date: _____



PART 3: PERSONAL INFORMATION: RESPONSIBLE PERSON

Part 3 must be completed by the responsible person and assesses identification, fitness and probity

18. Identification of 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. The responsible person must reside in WA.

Refer to instruction number 3, for information on the requirements for being a responsible person for a premises.

18.1 Will the individual applicant applying to be Permit holder also be responsible for the premises named in Section 6.1?

Yes: Confirm name: Forename/s: _____ Surname: _____

No: complete remainder of Section 18 and Part 3.

18.2 Personal Details of responsible person

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

Postal Address: _____ Suburb: _____ Postcode: _____

Mobile number: _____ Email: _____

Position in business: _____

18.3 Certified true copy of a photographic identification document

ATTACH a certified¹ copy of a WA State Government or Australian Government issued photographic identification document such as drivers licence or passport. Non-government issued identification documents will not be accepted.

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

19. Qualifications of person responsible for a premises

Refer to instruction number 3, for information on the requirements for being a responsible person for a premises.

19.1 Which type of health practitioner will be the responsible person

Medical practitioner Nurse practitioner Most senior registered nurse at the premises

19.2 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: Responsible Person

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

20.1 Have you (or a company of which you were a corporate officer or a partner) previously held a Licence or permit, 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 Licence or Permit 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:

20.2 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:

21. Criminal check for responsible person

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

22. Declaration by responsible person

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

Please refer to Instruction 6 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 a Cosmetic Procedure Clinic 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

23. Payment:

Fee: \$380

Comprising a non-refundable application fee of \$218 and 1 year Permit fee of \$162.
Permit fee will only be refunded if the Permit is not issued.

1. Credit Card – American Express and Diners not accepted

Card type: MasterCard Visa

Name on card: _____ Card number: _____

Expiry date: _____ Amount: **\$380**

Signature of cardholder: _____ **Date:** _____

2. Direct debit to bank

Please quote applicant's name or business name in the reference

Bank: Commonwealth Bank: **BSB: 066 040** **Account number: 13300018** Amount: **\$380**

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



PART 4: Payment and Checklist

24. Checklist

Please ensure all the appropriate requested documentation is attached for:

Part 1 Application for a Cosmetic Procedure Clinic Permit

- If the Permit is being issued to a corporation, attach a copy of the Current Company Extract from ASIC (with details of all company directors and secretary (Section 1.2.1)
- If the business has a Business or Trading Name, attach a copy of certificate of Record of Registration for Business Name or Current Business Name Extract (Section 1.3)
- Completed Part 3 Personal Information: Identification, Fitness and Probity for responsible person **if** different from the Permit holder (Section 6.2)
- If applicable, evidence of local government approval to operate a cosmetic clinic from the premises (Section 6.3.1)
- Diagram of the premises, showing where the medicines will be stored (Section 7.1.1)
- Photos of locked room or locked cupboard (Section 7.1.2)
- Photos of locked room with refrigerator in situ or locked refrigerator (Section 7.1.3)
- Copy of relevant sections if there are multiple premises (Section 10)
- Declaration signed and dated by **applicant** (individual Permit holder, corporate officer or partner) (Section 11)

Part 2: Personal information, fitness and probity for applicant (nominated Permit holder) i.e.: Individual applicant, each corporate officer or each partner

- Copy of photographic identification which must be certified as a true copy. (Section 12.2)
See Appendix A for a list of persons authorised to certify a true copy.
- If the applicant is a corporation or partnership, attach a CV and copies of qualifications for each corporate officer or partner (Section 12.3)
- If the applicant is a nurse practitioner, attach evidence of advanced nursing practice experience applicable to managing patients undergoing cosmetic procedures. (Section 13.1)
- Copy of medical practitioner or nurse practitioner 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 13.2).
- If applicable, a Statutory Declaration relating to an offence under the *Medicines and Poisons Act 2014* or a repealed corresponding law or corresponding law in another state or territory (Section 15)
- Declaration about personal information signed by applicant (individual Permit holder, corporate officer or partner) (Section 17)

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

- Copy of photographic identification which must be certified as a true copy (Section 18.3)
See Appendix A for a list of persons authorised to certify a true copy.
- Copy of 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 19.2)
- If applicable, a Statutory Declaration relating to an offence under the *Medicines and Poisons Act 2014* or a repealed corresponding law or corresponding law in another state or territory (Section 21)
- Declaration about personal information signed by responsible person (Section 22)

Part 4: Declaration and Payment

- Payment details completed with correct signature if paying by credit card (Section 24)



PART 5 APPENDIX

Appendix A: Certifying true copies of photographic identification

Suggested wording for certification is as follows:

I certify that this appears to be a true copy of the document produced to me on <date>

Signature

Name

Profession or occupation group

Persons who can certify documents	
Academic (tertiary institution)	Medical practitioner
Accountant	Member of Parliament
Architect	Minister of religion
Australian Consular Officer	Nurse
Australian Diplomatic Officer	Optometrist
Bailiff	Patent attorney
Bank manager	Pharmacist
Chartered secretary	Physiotherapist
Chiropractor	Podiatrist
Company auditor or liquidator	Police officer
Court officer (judge, master, magistrate, registrar or clerk)	Post Office manager
Defence Force officer	Psychologist
Dentist	Public servant
Engineer	Public notary
Industrial organisation secretary	Real Estate agent
Insurance broker	Settlement agent
Justice of the Peace	Sheriff or deputy Sheriff
Lawyer	Surveyor
Local government CEO or deputy CEO	Teacher
Local government councillor	Tribunal officer
Loss adjuster	Veterinarian
Marriage celebrant	