



Application to change a Health Service Permit (Cosmetic Clinic)

Medicines and Poisons Act 2014



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INSTRUCTIONS and INFORMATION

- 1.** This form is for requesting changes to an existing **Cosmetic Procedure Clinic Permit** issued under the *Medicines and Poisons Act 2014*.

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.

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.

All communication will ONLY be with the Permit holder, corporate officer or partner.
- 2. Types of changes that cannot be applied for using this form**
DO NOT USE THIS FORM, if:

 - 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.

These types of changes require the submission of a completely new application for a Cosmetic Procedure Clinic Permit, found at: [Application forms for Licences and Permits](#)

Permits cannot be transferred between one business entity and another.
- 3.** There are five parts to this form:

Part 1 -Sections 1 to 19: Application to change a Cosmetic Procedure Clinic Permit.
Part 2- Sections 20 to 26: Personal Information: new individual Permit holder, corporate officer or partner
Part 3 - Sections 27 to 31: Personal Information: new responsible person for a premises
Part 4 - Sections 32 to 33: Payment and checklist.
Part 5 – Appendix
- 4.** Fees are **not** payable for the following type of changes to a Cosmetic Procedure Clinic Permit:

 - 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 scheduled medicines from the Permit
 - Upgrade of storage or security such as installation of CCTV.
- 5.** A fee of **\$87** is payable for the following type of changes to a Cosmetic Procedure Clinic Permit:

 - 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 scheduled medicines on the Permit
 - Addition of scheduled medicines to the Permit
 - Relocation of an existing premises to a new location
 - Addition of a new premises to the to the Permit
 - Change of business or trading name without changing legal entity (no change of ownership)
 - Variation in the activities undertaken under the Permit
 - (Note: some variations may require a new application and issue of a different Permit type)



6. Changing the Permit holder for a Permit held by an individual person

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 26.

6.1 Qualifications and/or experience of person nominated as the new Permit holder

The new Permit holder must:

- be either a **medical practitioner** or **nurse practitioner**¹ 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 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

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

6.2 Permit holder responsibilities

It is the responsibility of the Permit holder to ensure compliance with the *Medicines and Poisons Act 2014* and Regulations 2016 and compliance with conditions placed on the Permit.

The new Permit holder must also consider whether they have capacity to ensure compliance with the *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.

There are penalties under the Act for providing false or misleading information when applying for a change to an existing Permit.

7. Changing the person responsible for a premises listed on the Permit

A new responsible person will have overall responsibility for and manage the medicines on a day to day basis and be the contact person if the Permit holder is not available.

The new 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 and sign the declaration at Section 31.

7.1 Responsible person for a Permit issued to an individual person

The responsible person for a premises when a Permit is issued to an individual medical practitioner or nurse practitioner can be the:

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

7.2 Responsible person for a permits 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 who has authority to determine policies and procedures in relation to managing the scheduled medicines and cosmetic procedures.

Please note: a responsible person must consider whether they have capacity to oversee the day to day management of the medicines at every premises for which they are responsible. Where a single person is responsible for multiple premises, the Department may request further information in relation to this capacity.

8. Changing a corporate officer or partner for a Permit that is held by a corporation or partnership.

A new partner or corporate officer (directors, company secretary, chief executive officer or general manager and chief financial officer) must also complete Part 2: Personal Information: Identification, Fitness and Probity and sign the declaration at Section 26.



9. Relocation or addition of a premises	<p>If a premises listed on an existing Cosmetic Procedure Clinic 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 Cosmetic Procedure Clinic Permit: and the relocated or added premises (second premises) is currently listed on a different Permit:<ul style="list-style-type: none">○ the application will not be processed until the Permit holder at the second premises has submitted an application to the Department to have their premises removed from their Permit.○ In such cases, Permit holders requesting the relocation or addition of a new premises may wish to liaise with the Permit holder at the second premises to ensure the Department of Health is appropriately advised.
10. Required documents	<p>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 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>
11. Signatures	<p>All signatures must be signed in ink or via a verifiable electronic signature. An electronic signature is only acceptable if the submitted application allows the Department to verify the signature.</p> <p>A “signature” that is copied and pasted and a “signature” that is the person’s name in a font style resembling handwriting will not be accepted.</p> <p>The current Permit holder must sign the Declaration for making a change to the Permit at Section 19.</p> <p>11.1 Who can sign for a change to a Cosmetic Procedure Clinic Permit: If the Cosmetic Procedure Clinic Permit is held by an individual person and the change is to request a new individual Permit holder within the same business and the current Permit holder is no longer employed by the business:</p> <ul style="list-style-type: none">• the new Permit holder should sign the Declaration and provide the reason the current Permit holder cannot sign the Declaration. <p>If the Cosmetic Procedure Clinic Permit is held by a partnership or body corporate, the person who signed the original Permit application should sign the Declaration.</p>
12. Approving a change to a Permit	<p>Applying for a change to an existing Permit does not guarantee the requested changes will be approved.</p>
13. Processing applications	<p>Applications will be processed in order of receipt after payment has been confirmed by Finance. To ensure a timely decision about your application please:</p> <ul style="list-style-type: none">• Complete all required sections of the application,• Attach all requested documentation to the application,• Respond to requests from the Department for additional information as soon as possible,• Make sure appropriate staff are available if the Department needs to conduct a premises inspection,• Do not submit your application as a digital image (photograph).
14. Extra information	<p>When applying for a change to an existing Permit, refer to the: Guide to applying for a Licence or Permit</p>
15. Submitting the application	<p>Please email completed form and other requested documentation to: mprb@health.wa.gov.au</p>
Incomplete applications may be delayed or returned to the applicant	

Please keep a copy of the completed application form for reference



PART 1: APPLICATION to change a COSMETIC PROCEDURE CLINIC 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 address or other contact details	Part 1: Sections 2,19
<input type="checkbox"/> Change to a person responsible for a premises	Part 1: Sections 3,19 Part 3: Sections 27 to 31
<input type="checkbox"/> Remove a premises from the Permit	Part 1: Sections 4,6, 19
<input type="checkbox"/> Remove certain scheduled medicines form the Permit	Part 1: Sections 5,6,19
<input type="checkbox"/> Upgrade to storage and security	Part 1: Sections 7,19
Changes with a fee of \$87	
<input type="checkbox"/> Change of individual Permit holder	Part 1: Sections 8, 19 Part 2: Sections 20 to 26 Part 4: Section 32
<input type="checkbox"/> Change of corporate officer or partner	Part 1: Sections 9,19 Part 2: Sections 20,23,24,25.26 Part 4: Section 32
<input type="checkbox"/> Increase quantity of scheduled medicines already listed on the Permit	Part 1: Sections 10,19 Part 4: Section 32
<input type="checkbox"/> Addition of certain scheduled medicines to the Permit:	Part 1: Sections 11,19 Part 4: Section 32
<input type="checkbox"/> Relocation of an existing premises to a new premises	Part 1: Sections 12,14,15,16,19 Part 4: Section 32
<input type="checkbox"/> Addition of a new premises to the Permit	Part 1: Sections 13,14,15,16,19 Part 4: Section 32
<input type="checkbox"/> Change of business or trading name without any change of the legal entity	Part 1: Section 17,19 Part 4: Section 32
<input type="checkbox"/> Variation in the activities undertaken under the Permit, including the use of the medicines	Part 1: Section 18,19 Part 4: Section 32
Note: if making multiple changes, only pay one fee of \$87	
1.2 Additional information to support application (optional): _____ _____ _____	



PART 1: APPLICATION to change a COSMETIC PROCEDURE CLINIC 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 7 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 trading at these premises: _____

Is the business at the premises being sold to another Cosmetic Procedure business?

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

The Department requires the person taking over the Cosmetic Procedure business to either:

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

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

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

☐ No

☐ Yes: please also complete Sections 6.



PART 1: APPLICATION to change a COSMETIC PROCEDURE CLINIC PERMIT
Changes without a fee

5. Remove certain scheduled medicines from the Permit

Premises name: _____

Address: _____ Suburb: _____ Postcode: _____

5.1 List of scheduled medicines to be removed:

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

☐ No

☐ Yes: please also complete Section 6.

6. Information about disposal of medicines

If there is any remaining stock of scheduled medicines after removing a premises from a Permit or removing certain medicines from a premises listed on the Permit, please indicate how the stock will be disposed of.

Check all that apply:

☐ Returned to wholesaler for disposal — Name of wholesaler: _____

☐ Transferred to other premises on the Permit — Name of premises: _____

☐ Disposed of using a licensed waste management service — Name: _____

¹Pharmacies and hospitals are not obligated to accept medicines for disposal if they have not supplied the medicine
More information on disposal of medicines is found at: [Disposal of medicines](#)

7. Upgrading storage and security

Premises name: _____

Address: _____ Suburb: _____ Postcode: _____

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



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Changes with a fee

8. Change of individual Permit holder

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

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 scheduled medicines

Premises name: _____

Address: _____ Suburb: _____ Postcode: _____

10.1 Scheduled medicines having their quantities increased at the above-named premises

Scheduled medicines	Quantity on current Permit	Increase quantity to:



PART 1: APPLICATION to change a COSMETIC PROCEDURE CLINIC PERMIT
Changes with a fee

11. Addition of scheduled medicines

Premises name: _____

Address: _____ Suburb: _____ Postcode: _____

11.1 Scheduled medicines to be added to the above-named premises

List of scheduled medicines and quantities to be added to the above-named premises on the Permit:

11.2 Storage of medicines being added to the Permit

Please check how non- refrigerated and refrigerated medicines being added to the Permit will be store:

Non-refrigerated scheduled medicines: ☐ Locked room ☐ Locked cupboard/drawer

Refrigerated scheduled medicines: ☐ Locked room with refrigerator ☐ Locked refrigerator

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

☐ Vaccine refrigerator with an inbuilt thermometer and data logger that can download data.

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

Manual thermometers are not sufficient for continuous monitoring of temperature sensitive medicines.

The temperature data logger:

- must record multiple data points (not just maximum and minimum temperatures)
- must create an alarm if the temperature is outside the designated range.

11.3 Usage of the scheduled medicines being added to the Permit

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

☐ Yes

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

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

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



PART 1: APPLICATION to change a COSMETIC PROCEDURE CLINIC 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 14,15,16,19 and 32 (payment)

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 14,15,16,19 and 32 (payment)



PART 1: APPLICATION to change a COSMETIC PROCEDURE CLINIC PERMIT
Changes with a fee

14. Information about the relocated or new added premises

Is this premises being bought from another cosmetic procedure clinic business? See instruction number 9.

☐ No

☐ Yes: Name of previous 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 Location of relocated or new added premises

☐ Commercial ☐ Industrial

☐ Other-please specify: _____

14.2.1 Is local government approval required to operate a Cosmetic Procedure Clinic from the premises?

☐ Yes: **Attach** evidence of local government approval to operate a Cosmetic Clinic from the premises

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

14.2.2 Is the premises used by other businesses (such as beautician services)

☐ Yes – details
of co-located businesses _____

☐ No

14.3 Building /premises security for relocated or new added premises. Please check all that apply:

☐ Dedicated monitored alarm system ☐ Video surveillance system (CCTV) ☐ Motion detectors

☐ Perimeter fence with lockable gate ☐ Perimeter alarm

☐ Other – please describe: _____



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Changes with a fee

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

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

15.2 Storage and temperature monitoring of scheduled medicines at relocated or new added premises

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

15.2.2 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

15.2.3 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

15.2.4 Temperature monitoring for refrigerated Schedule 2,3 and 4 medicines at relocated or new added premises

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

☐ Vaccine refrigerator with an inbuilt thermometer and data logger that can download data.

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

Manual thermometers are not sufficient for continuous monitoring of temperature sensitive medicines.

The temperature data logger:

- must record multiple data points (not just maximum and minimum temperatures)
- must create an alarm if the temperature is outside the designated range.

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

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

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

15.4 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.

15.5 Preventing access to 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 at the premises.

Section 15 continues on next page.



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15.6 Medicine and sharps disposal procedures

- ☐ Check the box to confirm that 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.

15.7 Wholesaler

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

15.8 Medicines usage at relocated or new added premises

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

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

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

16. Consultations and SOPs at relocated or new added premises

16.1 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.

16.2 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 premises listed on the Permit (as storage/administration locations) and, **if** applicable, any other premises at which administration may occur.

Section 16 continues on next page.



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Changes with a fee

16.3 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: _____

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

16.4 Standard operating procedures (SOPs)

Will the SOPs for managing and administering the scheduled medicines at the relocated or new added premises be the same as for another premises listed on the Permit?

- ☐ Yes: SOP is the same as: _____ (premises name)
- ☐ No: please **confirm** the clinic at the relocated or new added premises has the following SOPs:

☐ **SOP for ordering and receipt** of medicines for the cosmetic clinic.

- a) 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.
- b) 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.
- c) 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:

- a) 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
- b) 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.
- c) 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.
- d) **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.

Section 16 continues on next page.



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- ☐ **SOP for recording the administration** of medicines. The SOP supports the following requirements:
- a) A record of administration of doses of scheduled medicines must be included in the patient's clinical record.
 - b) 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.
 - c) Each record of administration must include information identifying the health practitioner who administered the scheduled medicines to the patient.
 - d) 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.
 - e) Records of administration must not be deleted or amended. Errors must be corrected by making another record and annotating the incorrect record.
 - f) 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.

17. 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.

17.1 Previous business or trading name: _____

New business or trading name: _____

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

17.2 Australian Business Number: _____

18. Variation in the activities undertaken under the Permit

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

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



PART 1: APPLICATION to change a COSMETIC PROCEDURE CLINIC PERMIT

Changes with a fee

19. 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 11 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 medical practitioner or nurse 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 21 and 22 must be completed by each new corporate officer or each new partner.

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

20.1 Personal Details

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

20.2 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)

20.3 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 23,24,25 and 26 of Part 2 and **attach** a CV¹

- ☐ a new partner

Complete Sections 23,24,25 and 26 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*.

21. Qualifications and experience 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.

21.1 The new Permit holder 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: _____

21.2 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

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

Complete this section if you will be the new individual Permit holder.

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 scheduled medicines.
- ☐ Please check to confirm that you will always have access to 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 scheduled medicines.

22.1 Confirmation of SOPs by new Permit holder

As the new Permit holder, confirm if the cosmetic procedure clinic/s has the following SOPs at all premises:

- ☐ **SOP for ordering and receipt** of medicines for the cosmetic clinic. The SOP supports the following requirements:
 - a) 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.
 - b) 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.
 - c) 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:
 - a) 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 treated.
 - b) 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.
 - c) 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.
 - d) **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) A record of administration of doses of scheduled medicines must be included in the patient's clinical record.
 - b) 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.
 - c) Each record of administration must include information identifying the health practitioner who administered the scheduled medicines to the patient.
 - d) 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.
 - e) Records of administration must not be deleted or amended. Errors must corrected by making another record and annotating the incorrect record.
 - f) 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:
 - a) Refrigerated medicines are always stored at the correct temperature.
- ☐ **SOP for ensuring RACGP Infection Prevention and Control** standards are met at all premises.



PART 2: PERSONAL INFORMATION: new PERMIT HOLDER

23. Prior permits/licences for medicines/poisons

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

23.1 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:

23.2 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:

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

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

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

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

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

☐ No

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

25.2 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

26. 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 11 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 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 or the responsibility of the body corporate (if applicable) for the safe storage and sale of the Schedule 2 medicines and will ensure compliance with the *Medicines and Poisons Act 2014* and Medicines and Poisons Regulations 2016, and compliance with conditions placed on the Permit.
- f. I will notify the Department of Health if I leave the employment of the business or I am no longer a corporate officer of the company that holds the Permit.

Signature: _____ Name: _____ Date: _____



PART 3: PERSONAL INFORMATION: new RESPONSIBLE PERSON

27. Identification of new responsible person

The role of the responsible person is to manage the scheduled medicines on a day to day basis and be the contact person, if the Permit holder is not available.

Refer to instruction number 7 for information on the requirements for being a responsible person for a premises.

27.1 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 all remainder of Part 3.

27.2 Personal details of responsible person

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

Postal Address: _____ Suburb: _____ Postcode: _____

Mobile number: _____ Email: _____

Position in business: _____

27.3 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).

28. Qualifications and experience of new responsible person

Refer to instruction number 7, for information on the requirements for being a responsible person for a premises.

28.1 Which type of health practitioner will be the responsible person

☐ Medical practitioner ☐ Nurse practitioner ☐ Most senior registered nurse at the premises

28.2 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

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

29.1 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:

29.2 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:

30. Criminal check for new 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

31. Declaration by new responsible person

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

Please refer to Instruction 11 for information on acceptable signatures.

- a) I acknowledge my role is to manage the scheduled 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 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

32. Payment (where required)

Fee: \$87

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

Card type: ☐ MasterCard ☐ Visa

Name on card: _____ Card number: _____

Expiry date: _____ Amount: **\$87**

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: **\$87**

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 \$87 is payable for the following types of changes to a Cosmetic Procedure Clinic 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 a Permit for an existing premises
- Relocation of an existing premises to a new location
- Addition of a new premises
- Change of business or trading name without changing legal entity (no change of ownership).
- Variation in the activities undertaken under the permit, including the use of the medicines

Note: if making multiple changes, only pay one fee of \$87

Fees are not payable for the following type of changes to a Cosmetic Procedure Clinic 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



PART 4: PAYMENT and CHECKLIST

33. Checklist

Please ensure all the appropriate requested documentation is attached for:

Part 1 Application to change a Cosmetic Procedure Clinic 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)
- ☐ If changing a corporate officer/partner: completed Part 2: Personal Information (Section 9.1)
- ☐ If changing a corporate officer/ partner: copy of the Current and Historical Company Extract from ASIC (Section 9.3)
- ☐ If a premises is relocated or a new premises is added to the Permit, and the responsible person is not responsible for any other premises or is not the Permit holder: completed Part 3: Personal Information-Form (Section 14.1)
- ☐ If applicable, evidence of local government approval to operate the clinic from the premises (Section 14.2.1)
- ☐ Photos of locked room or locked cupboard (Section 15.2.2)
- ☐ Photos of locked room with refrigerator in situ or locked refrigerator (15.2.3)
- ☐ 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 17.1)
- ☐ Declaration signed and dated by individual Permit holder, corporate officer or partner (Section 19)

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 20.2). See Appendix A for a list of persons authorised to witness a signature
- ☐ If there is a new corporate officer or partner, attach a CV and copies of qualifications for each new corporate officer or partner (Section 20.3)
- ☐ If the new individual Permit holder is a nurse practitioner - attach evidence showing advanced nursing practice experience is applicable to managing patients undergoing cosmetic procedures (Section 21.1)
- ☐ If the new Permit holder is an individual medical practitioner or nurse practitioner, attach a copy of the person's current annual registration certificate or wallet card provided by AHPRA. **Do not** provide an extract of the information available on AHPRA's public website (Section 21.2)
- ☐ 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 24)
- ☐ Declaration signed and dated by new Permit holder, corporate officer or partner (Section 26)

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 27.3). See Appendix A 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 28.2)
- ☐ 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 30)
- ☐ Declaration signed and dated by new responsible person (Section 31)

Part 4: Declaration and Payment

- ☐ Payment details completed with correct signature if paying by credit card (Section 32)



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	Veterinary surgeon
Marriage celebrant	