



### Guide to completing this application

- This application form must be used by state/local governments seeking to apply for a general approval to buy, supply, possess, apply or dispose of restricted S7 poisons for the purpose of controlling invasive animals, under the ***Medicines and Poisons Act 2019 (MPA)*** and the ***Medicines and Poisons (Poisons and Prohibited Substances) Regulation 2021 (Poisons Regulation)***.
- Information for state/local governments who employ authorised biosecurity and nature conservation officers (authorised officers) to control of invasive animals using RS7 poison is available at the Department of Health's website.
- State/local governments may either choose to hold an entity level approval or continue with the current arrangement of their qualified employees holding general approvals on an individual basis. There is a separate form for Officers to become individually endorsed and is available at the Department of Health's website.
- Under an entity level approval, the state/local government will be responsible for ensuring that each officer complies with the approval conditions such as storing, applying, disposing and transporting RS7 poisons safely and securely to prevent unauthorised access.
- State/local governments who hold an entity approval will be required to have a **Substance Management Plan (SMP)** which describes measures for safe and secure use of RS7 poisons. For information about SMPs please visit the Department of Health's website.
- Each state/local government authorised officer who deals with the RS7 poison must have completed the competencies included in the Departmental Standard – '**Competency requirements for authority holders dealing with poisons – version 1.**
- Print clearly and answer all questions in full. The nominated contact will be notified if the information provided is incomplete or additional information is required. This may delay the application process.
- If the space provided in any section is insufficient, please attach additional documents with the required information, indicating clearly which section of the form it applies to.
- The Department may carry out inquiries in relation to your application as considered necessary.

### How to submit this application

This application may be submitted by either email or post, if you require assistance in relation to completing your application form, contact the Public Health Regulation and Licensing Team on (07) 3328 9310.

To submit your application, send the **attached** application form, accompanied by all supporting documents (verified where required) and the applicable fee, to:

The Chief Executive  
Queensland Health  
Public Health Regulation and Licensing Team  
PO Box 2368  
FORTITUDE VALLEY QLD 4006

Electronic applications can be sent to: [Licensing@health.qld.gov.au](mailto:Licensing@health.qld.gov.au)



**Privacy statement – please read carefully**

The personal information and documents collected for the purpose of this application will be securely stored, and only accessible and used by authorised persons for purposes in accordance with the *Medicines and Poisons Act 2019* and *Medicines and Poisons (Poisons and Prohibited Substances) Regulation 2020*. Queensland Health may be required to make enquiries of, and exchange personal information with, other State, Territory or Commonwealth entities regarding any matters relevant to this application. The department will not disclose any personal information provided with this application and supporting documents to any other third parties without your consent unless required or authorised by law. The *Information Privacy Act 2009* (Qld) sets out the obligations for the collection and handling of personal information by Queensland Health. For information about how Queensland Health protects your personal information, or to learn about your right to access your own personal information, please see our website at [www.health.qld.gov.au](http://www.health.qld.gov.au).

<b>SECTION 1 – Type of application</b>		
<input type="checkbox"/>	New – Complete whole application (section 75 of the MPA) (if your approval has expired, you need to apply for a new approval)	
<input type="checkbox"/>	Amendment to an approval – Approval Number: _____ Complete section 2 and all sections that require amending	(section 78 of the MPA)
<input type="checkbox"/>	Replacement of lost/stolen/damaged approval – Approval Number: _____ Complete section 2 and sections 7 – 9	(section 83 of the Poisons Regulation)
<b>SECTION 2 – Applicant details</b>		
<i>Provide details of the entity seeking approval</i>		
Legal name of legal entity or individual:		
ACN (if applicable):		
Phone:	Email:	
Main Address:		
Street address:	Town/Suburb:	P/C:
Postal Address (if different to main address)		
PO Box No:	Town/Suburb:	P/C:
<b>Executive Officer or other person authorised to sign on behalf of the entity Director/Chairperson/Partner</b>		
Title:	Surname:	Given name/s:
Position:		
Phone:	Email:	
<b>Contact Person (if other than Executive Officer)</b>		
Title:	Surname:	Given name/s:
Position:		
Phone:	Email:	



<b>SECTION 3 – RS7 poisons required</b>	
<input type="checkbox"/> Fluoroacetic acid and its sodium salt (products i.e. capsules & manufactured baits)	<input type="checkbox"/> Strychnine
<input type="checkbox"/> PAPP	<input type="checkbox"/> fluoroacetic acid concentrate
<b>SECTION 4 – Duration of the general approval</b>	
Term of approval sought:	<input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years
<b>SECTION 5 – Regulated poison/s stored at site ____ of ____ Name</b> (refer to Departmental Standard – ‘Dealing with restricted S7 poisons for invasive animal control – version 1’. If multiple sites are to be used for storage of poisons, please provide further details at the end of the form)	
Address where the poisons will be stored:	
Describe onsite location where poisons will be stored:	
Describe measures to ensure the poison are stored securely:	
<b>SECTION 6 – Substance Management Plan (SMP)</b>	
Have you prepared a SMP in accordance with section 93 of the MPA? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>SECTION 7 – Requesting a replacement Approval</b>	
<input type="checkbox"/> I declare that my existing Approval has been lost, stolen or damaged.	
<b>SECTION 8 – Disclosure (only to be completed by individual applicants or where this disclosure is relevant to the named entity itself – not the Executive Officer or other person authorised to sign on behalf of the entity)</b>	
Have you, the applicant:	
a) Been convicted of an indictable offence (drink driving, and minor traffic offences are not indictable offences)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Been convicted of an offence against the <i>Medicines and Poisons Act 2019, Health Act 1937</i> (including the <i>Health (Drugs and Poisons) Regulation 1996</i> ) (repealed) or equivalent legislation in another Australian jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Held a licence, approval and/or an endorsement under the <i>Medicines and Poisons Act 2019, Health Act 1937</i> (including the <i>Health (Drugs and Poisons) Regulation 1996</i> ) (repealed) or equivalent legislation in another Australian jurisdiction, that was suspended or cancelled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Been refused a licence, approval and/or an endorsement under the <i>Medicines and Poisons Act 2019, Health Act 1937</i> (including the <i>Health (Drugs and Poisons) Regulation 1996</i> ) (repealed) or equivalent legislation in another Australian jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provide further details to questions answered 'yes' as an attachment to your application	



**APPLICATION FOR A GENERAL APPROVAL – RESTRICTED S7 POISON  
STATE AND LOCAL GOVERNMENT ENTITY**

Sections 75 and 78 of the *Medicines and Poisons Act 2019*

Section 83 of the *Medicines and Poisons (Poisons and Prohibited Substances) Regulation 2021*

**SECTION 9 – Consent and declaration**

- I consent to the chief executive, Queensland Health (or delegate) making enquiries of, and exchanging information with other Queensland authorities, any Australian state or territory, or of the Commonwealth, regarding any matters relevant to this application. If relevant information cannot be obtained from other entities, the chief executive (or delegate) will determine the application on the information available.
- I declare that, to the best of my knowledge, all information provided in this application form, or in an attachment provided, is true and correct.
- I understand that if anything has been stated in this application form, or in an attachment provided, that is false or misleading, any substance authority granted may be suspended or cancelled.

Full name of applicant or authorised representative:

Signature of applicant or authorised representative:

Date (DD/MM/YYYY):

Position



<b>Additional storage locations</b>
<b>Regulated poison/s stored at site ____ of ____ Name</b>
Address where the poisons will be stored:
Describe onsite location where poisons will be stored:
Describe measures to ensure the poison are stored securely:
<b>Regulated poison/s stored at site ____ of ____ Name</b>
Address where the poisons will be stored:
Describe onsite location where poisons will be stored:
Describe measures to ensure the poison are stored securely:
<b>Regulated poison/s stored at site ____ of ____ Name</b>
Address where the poisons will be stored:
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