

AUSTRALIAN CAPITAL TERRITORY

Public Health Act 1997

INSTRUMENT NO. 41 OF 2001

**APPROVAL OF PRIVATE CENTRES FOR OPIOID
DETOXIFICATION USING OPIOID ANTAGONISTS
LICENCE AND APPLICATION FORM**

Pursuant to Sections 29 and 31 of the *Public Health Act 1997*, **I, MICHAEL JOHN MOORE**, Minister for Health, Housing and Community Services, do by this instrument, hereby approve that:

1. the Licence form at Schedule 1 to be the approved form of licence for a Centre for opioid detoxification using opioid antagonists Licence under section 31 of the *Public Health Act 1997*;
2. the Application/Renewal form at Schedule 2 to be the approved form of application/renewal for a centre for opioid detoxification using opioid antagonists Licence under section 29 of the *Public Health Act 1997*;

DATED this 15th day of March 2001.

Michael Moore

Minister for Health, Housing and Community Services

SCHEDULE 1

Following is the approved form of licence for a centre for opioid detoxification using opioid antagonists Licence under section 31 of the *Public Health Act 1997*.



Public Health Act 1997

Centre for opioid detoxification using opioid antagonists Licence

This license grants the <Business_Name> located at <street_number> <street_name>, <location_suburb> <location_state>, <postcode> approval to operate as a Detoxification Centre under section 18 of the *Public Health Act 1997*.

This license expires on <date_licence_expires>.

Conditions:

1. This license is in force for a single calendar year, unless suspended, surrendered or cancelled, or the above mentioned licensee ceases to be the occupier of the premises.
2. The licensee must inform the Chief Health Officer of any amendment to the details above within seven (7) days of the change.

Minister for Health Housing and Community Services

Date

SCHEDULE 2

Following is the approved form of application/renewal form for a centre for opioid detoxification using opioid antagonists Licence under section 29 of the *Public Health Act 1997*.

ACT Chief Health Officer

North Building
London Circuit
Canberra City

GPO Box 825
Canberra ACT 2601



Centre for opioid detoxification using opioid antagonists Licence

Application/Renewal Form

Applicant's Details

Business / Trading / Organisation

Name _____

—

Responsible Medical Practitioner

—

Manager's Name / Contact Person

—

Location of Centre

—

—

—

Contact Phone No.

—

Contact Facsimile

—

Contact Email Address

–

Emergency Contact Name

–

Emergency Contact' s Phone No.

–

Postal Address

Complete the following only if your postal address is different from the above location address.

Licence Renewal Address

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I enclose herewith a detailed plan of the Centre for opioid detoxification using opioid antagonists relating to the application.

Signature of Applicant

Date

OFFICE USE ONLY

Date Received / /

Date Granted / /

Expiry Date / /