# Drug checking licensing scheme provider licensing application form

## Refer to the Misuse of Drugs Act 1975 (MoDA) and MoDA Regulations

Please provide a response to all sections in the **Applicant comment** column, unless you consider them not applicable; in this case, write ‘N/A’, and give a reason. Include supporting documentation where appropriate.

Refer to the *Drug Checking Service Provider Licensing Handbook* for further information.

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| --- | --- | --- | --- | --- |
| General application information | | | | |
| Applicant/Entity name | Add | **Date of application submission** | Click or tap to enter a date. |

| General application criteria | Applicant comment | Supporting documentation |
| --- | --- | --- |
| Designated contact person for applicant   * Name * Role title * Email * Contact phone number | Add  Add  Add  Add | Add |

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| --- | --- | --- |
| Name and contact details for person in charge of day-to-day Drug Checking operational management (If different from the above) | | |
| Designated contact person for applicant   * Name * Role title * Email * Contact phone number | Add  Add  Add  Add | Add |

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| Applicant background information | | |
| Provide a summary (*maximum 300 words*) of background information, including:   * a general statement about the applicant * previous drug checking experience or related work * why the applicant is applying to become a drug checking service provider. | Add | Add |
| Entity activities | | |
| If the applicant is an entity, outline any other activities (other than drug checking) that will be, or are likely to be, carried out by the entity during the term of the licence. | Add | Add |
| Conflict of interest  *If the applicant is an entity, outline any activities (other than drug checking) that it will carry out, or is likely to carry out, during the term of the licence. State any potential conflict of interest the applicant or any responsible person may have in providing drug checking services.* | | |
| State any potential conflict of interest of the applicant or any responsible person of the applicant in providing drug checking services (eg, does the applicant or any responsible person have a financial interest in any other drug-related services or products). | Add | Add |

| Applicant suitability | Applicant comment | Supporting documentation |
| --- | --- | --- |
| Responsible persons of the applicant  *If the applicant is an entity, include the names and contact details of every director, partner or trustee. If the entity does not have directors, partners or trustees, include the names and contact details of everyone acting in a similar role. If the applicant is a single person state ‘as per above contact details’.* | | |
| State name and role title of each responsible person(s) of the applicant   * Name * Role title * Email * Contact phone number | Add  Add  Add  Add | Add |
| Certified identification | | |
| Provide certified identification documentation for each responsible person that comprises at least one of the following:   * New Zealand driver’s licence * Passport * Birth certificate   Include any other names the responsible person(s) has previously been known by. | Add | Add |

| Criminal record checking – provide a full copy of the results of a criminal record for each responsible person  *Refer to link:* [***www.justice.govt.nz/criminal-records/get-your-own/#tips***](https://www.justice.govt.nz/criminal-records/get-your-own/#tips)  *NB: the criminal record check/s must be dated no earlier than 3 months before the date of application.*  *The Ministry may request additional information at any time, if required.* | | |
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| * Where an applicant is an entity, include a criminal record check for every director, trustee or partner. * Where an applicant does not have directors, trustees or partners, include a criminal record check for everyone acting in a similar role. * Where an applicant is one person, include a criminal record check for that person. | Add | Add |

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| Criminal conviction, offence against the Misuse of Drugs Act (MoDA) or non-compliance (with or without conviction)  *For each offence or non-compliance (with or without conviction), state the length of time since the conviction or non-compliance.* | | |
| The following information is required to be declared where there has been responsible persons offending or non-compliance:   * any conviction of an offence against: * the MoDA * the Psychoactive Substances Act 2013 * the Medicines Act 1981 * any regulations made under any of those Acts * any crime involving dishonesty (as defined in section 2(1) of the Crimes Act 1961) * any pending court hearings/trial/ sentencing * whether the person has ever seriously or repeatedly failed to comply with any requirement of the MoDA or its regulations (whether or not a conviction resulted) * whether any responsible person of the applicant, while a responsible person for a different entity, was ever seriously or repeatedly non-compliant with the MoDA (whether or not a conviction resulted) * any overseas convictions equivalent to the relevant convictions listed above. | Add | Add |

| MoDA licenses or permits | | |
| --- | --- | --- |
| For each responsible person, state:   * whether they have held (or currently hold) any other licences or permits under the MoDA (name these) * whether any licences or permits they have held under the MoDA, for this or any other entity, have ever been revoked or cancelled, and the reasons for this and whether they were a responsible person of the entity at the time. | Add | Add |

| Prior offence statement of suitability  *Refer to Drug Checking Provider Handbook for guidelines on information to be included in the statement of suitability. This statement should be a maximum of 500 words.* | | |
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| Where a responsible person has a relevant MoDA conviction or non-compliance, the applicant must submit a statement explaining why they are suitable to hold a licence. The Director-General will assess this statement on a case-by-case basis to determine suitability. | Add | Add |

| Service delivery models | Applicant comment | Supporting documentation |
| --- | --- | --- |
| *See drug checking provider handbook for definitions of the different service delivery types. NB: The applicant’s licensing conditions may be restricted to the service types selected in this question.  Once licensed, applicants must notify the Ministry in writing if they wish to change or extend their model. The Ministry will assess such requests on a case-by-case basis. If it approves a request, it may, where necessary, officially amend the service provider’s conditions of license.* | | |
| Specify which service delivery model(s) applicant requests to be licensed for as follows:   * service delivery types (eg, events, clinics)   Please identify all service delivery models you wish to deliver. | Service delivery types  Festivals/field events  Static clinic/commercial premises  Satellite/pop-up clinic  ☐ Mobile clinic  Low-contact/drop-off  Contactless/mail-In  Other [Add] | Add |
| Experience with each selected service delivery | | |
| State the applicant’s experience with each selected service delivery model as specified above.  For each service delivery model specified above, include evidence of your competence or plan to achieve competence, to deliver that model.  NB: This may include building experience under the supervision of another experienced approved or licensed drug checking organisation. | Add | Add |

| Target audiences for drug checking service models | | |
| --- | --- | --- |
| Describe the steps you have taken to improve inequity or improve or maintain accessibility (where practical), in terms of:   * location (eg, national, regional) * primary target audiences, taking health inequities into account  (eg, Māori, rainbow communities, youth, people experiencing homelessness, rural populations, urban populations) * frequency (eg, regular clinics, seasonal events) * technology and testing methods (see testing section below).   *NB: The applicant will not be restricted to the target audiences selected in this question. This is to gauge the intention of the applicant if they are approved as a licenced provider.* | **Locations**  National  Regional [Add]  Rural  Urban  Other [Add]  **Primary target audiences (if applicable)**  Rangatahi / Youth  Māori  Pasifika  People experiencing homeless  Takatāpui / Rainbow communities  Not applicable  Other [Add]  **Frequency**  Seasonal events  Regular clinics  Other [Add] | Add |

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| Accessibility and equity considerations (where applicable) | | |
| Note any accessibility and/or equity considerations which are being considered, for example:   * wheelchair access * information provided in visual form (for deaf & hard of hearing clients) * information provided in audio form (for blind & low vision clients) * information provided in additional languages (eg, te reo) * any other relevant considerations such as improving or maintaining accessibility and equity. | Add | Add |

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| Workforce structure | | |
| Please provide the following information for each service delivery model you use or intend to use:   * workforce structure (volunteer, employed or both) * worker numbers during drug checking, including minimum number of workers for each service delivery model * roles workers hold (eg, supervision, leadership, drug testers, harm reduction workers, ‘welcome’ worker, etc) * supervision and leadership in place * training or qualifications (eg, applicable science degree) required for each role. | Add | Add |

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| Escalation process | | |
| Outline processes for escalation to organisational leadership or other (eg, organisation supervisor, police/High Alert), should issues arise and what factors would trigger escalation to whom and when. | Add | Add |

| Drug checking service provider functions | Applicant comment | Supporting documentation |
| --- | --- | --- |
| Drug testing outcome | | |
| Describe the process you use to advise an individual of the outcome of the testing of a drug or substance for each different service model. | Add | Add |
| Harm reduction advice | | |
| Describe your delivery of accurate and appropriate harm reduction advice, and how you will update this advice to ensure it is current. | Add | Add |
| Describe your past experience in providing drug harm reduction advice. | Add | Add |
| Describe the procedures workers in your service follow for the provision of drug harm reduction advice. | Add | Add |
| Provide examples of harm reduction resources available through your service, including:   * specific drug/substance harm reduction resources * harm reduction advice associated with particular drugs/substances identified * harm reduction advice associated with taking unknown substances * other information sources, noting how they would be utilised. | Add | Add |

| Technology and testing methodology  *NB: If an applicant wishes to use a method not on the approved testing method list, they may apply by sending the following supporting documentation on the method to* [***drugcheckingadmin@health.govt.nz***](mailto:drugcheckingadmin@health.govt.nz)*. The method will be reviewed by the licensing team in partnership with ESR to determine whether it is appropriate to be added to the approved list.  NB: The applicant’s licensing conditions may be restricted to the technology and testing methods selected in this question.* | | |
| --- | --- | --- |
| Describe all technology and testing methods which will be used for drug checking as a Licensed Drug Checking Provider. | **Technology/testing methodology**  Own spectrometer (eg, FTIR)  Loan spectrometer  Number of spectrometers owned Add  Brand/Type of Spectrometer(s) owned/ used Add  **Reagent testing used in conjunction with spectrometry**  Marquis  Mandelin  Cobalt II thiocyanate  Dragendorff’s  Chen’s  Other [Add]  **Stand-alone approved reagent testing**  Fentanyl (BTNX rapid response  fentanyl test strip)  LSD (Ehrlich’s test) | Add |

| Technology and testing methodology continued | | |
| --- | --- | --- |
| If spectrometers are loaned, where they are loaned from (eg, ESR or other agencies). | Add | Add |
| Outline which drug libraries you will use, and how they will be kept up to date. | Add | Add |
| Outline whether/how reagent testing will be used. | Add | Add |
| Outline testing limitations for all methodologies to be used. | Add | Add |
| Describe risks and mitigation strategies associated with limitations of the technology (eg, machinery malfunction, stand-alone reagent testing). | Add | Add |
| Outline experience with all technologies to be used, including training requirements for technology. | Add | Add |
| Provide examples of procedures workers will follow for the testing of a drug for each testing methodology. | Add | Add |

| Calibration – please state | | |
| --- | --- | --- |
| * Whether drugs will be used to calibrate equipment (if yes, state what type of calibration samples will be used and how these are suitable for accurate calibration) * What type of calibration samples will be used (eg, legal laboratory samples or surrendered illicit drugs) * Arrangements for the safe storage and recording of drugs held by applicants for the purpose of calibration of equipment | Add | Add |
| Whether an import licence under the MoDA has been held, is held or will be sought for controlled drugs to calibrate equipment or train staff. | Add | Add |

| Disposal of samples | | |
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| Describe the procedure you will use for disposal of samples:   * used in testing * for any surrendered for disposal * used in training * drugs being transported for disposal at a later date. | Add | Add |

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| Surrender of drugs or substances to police (if applicable) | | |
| Describe the procedure you will use to surrender a drug or substance to the police | Add | Add |

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| Further testing of a drug or substance | | |
| Provide evidence of your knowledge of NDIB/DIANZ and ESR transportation/courier requirements to enable further testing of a drug or substance, including in terms of:   * packaging * reporting * notification | Add | Add |

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| Loss or removal of substances | | |
| Describe the procedure you will follow after the loss or unauthorised removal of a drug. | Add | Add |

| Training | | |
| --- | --- | --- |
| Please provide details on the training you offer or arrange for including:   * the delivery of harm reduction advice * use of technology and testing methodologies, including calibration, interpretation and use of drug libraries * providing test results to individuals * returning drugs to individuals * safely sending drugs for further testing * safely disposing of drugs or arranging for their disposal * surrendering drugs to the police * use of drugs for training purposes * safe storage and transportation of drugs * data collection, recording and reporting requirements | Add | Add |
| Include information on how worker understanding and competencies are assessed following training and any mentoring or supervision is in place (including collaboration with other experienced drug checking providers), whilst a worker is maintaining competence. | Add | Add |
| Provide examples of the training programme and resources. | Add | Add |
| Describe processes to maintain safe use and storage of drugs or substances if used for training purposes. | Add | Add |
| Specify examples of the names of drugs and/or substances to be used for training purposes. | Add | Add |
| Specify examples of how training will take into consideration providing services to individuals from different backgrounds (cultures, genders, disabilities etc). | Add | Add |

| Additional information | Applicant comment | Supporting documentation |
| --- | --- | --- |
| Safe storage and transportation of samples | | |
| Please provide the following information about your procedures for safe storage:   * How drugs and substances will be stored safely: * in all service delivery settings * when being transported * the processes you will follow in the event of unauthorised loss or removal of a controlled drug or psychoactive substance. | Add | Add |

| Privacy – identify potential risks to the privacy of service users and outline how you will mitigate these risks. | | |
| --- | --- | --- |
| State whether your service collects personal information for the purposes of other health-related services and outline the processes you follow to keep that information separate from drug checking service provision. | Add | Add |

| Data collection and storage | | |
| --- | --- | --- |
| Describe what processes you have in place for data collection and data storage. | Add | Add |

| Record keeping | | |
| --- | --- | --- |
| Describe how your record keeping processes will comply with the rules set out in the MoDA. | Add | Add |

| Reporting – refer to 35DDI of the MoDA 2021 | | |
| --- | --- | --- |
| Outline legislative reporting requirements. | Add | Add |

## Submission

Once completed, please email the application form and all supporting documents to: [drugcheckingadmin@health.govt.nz](mailto:drugcheckingadmin@health.govt.nz)

Please use the subject line “DCLS application: [provider name]”

NB: The Director-General of Health may request further information from applicants at any time.

## Declaration

I declare that the information provided in the application and supporting documentation is complete, true and accurate. I am aware that if the   
information provided in or with the service provider’s licence application is found to be materially false or misleading, the licence can be suspended or cancelled at any stage.

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| Declaration | | |
| Applicant name | Add |
| Date | Click or tap to enter a date. |
| Applicant Signature | Add |



April 2022  
HP 8111