



Home Office

Misuse of Drugs Act 1971

Form MD36

Application for a licence to prescribe, administer, supply or authorise administration or supply of
COCAINE/DIAMORPHINE/DIPIPANONE (delete as appropriate) in England and Wales*
under the Misuse of Drugs Act – ‘Notification of Supply to Addicts’ Regulations 1997

APPLICANT (BLOCK CAPITALS)				
Surname:		Forename(s):		
Qualifications:		Grade/Status:		
Number and date of full UK registration with the General Medical Council (GMC):				
Contact telephone number:				
Contact email:				
If NOT a consultant, please give the name of the consultant psychiatrist who nominates and will supervise the applicant, who will normally also hold a licence:				
PREMISES FOR WHICH LICENCE IS REQUIRED				
NB Licences are premises-specific and are not transferable to other premises				
Details of premises: <ul style="list-style-type: none"> • Organisation name • Address • Telephone number Please list all premises individually and start with the address to be used for postal correspondence	Do you hold an existing licence? Yes/No for each premises	If licence held, has it been used in the last year? Yes/No for each premises	How many addicts would you expect to treat by prescribing cocaine*/diamorphine*/dipipanone* each week? (*delete as appropriate and respond for each drug for which licence requested)	Inpatient or outpatient service (answer for each of the premises)
I hereby declare that to the best of my knowledge and belief all the particulars given in this application are correctly stated. Signed: _____ Date: _____				
<small>Special attention is drawn to section 18(4)(g) of the Misuse of Drugs Act 1971, which makes it an offence for any person to make a statement or give any information which he knows to be false for the purposes of obtaining the issue of a licence or other authority under the Act.</small>				

Please state any factors you consider should be taken in to account in respect of this application – including any evidence of relevant training, experience, governance arrangements, and of multidisciplinary support for patients:

NOMINATION by a senior officer of a local health board or NHS or third sector employing organisation

On behalf of my authority/the applicant's employing organisation, I confirm the preceding details are correct and nominate the applicant for the grant of an appropriate licence:

Name (BLOCK CAPITALS):

Status:

Signed:

Organisation:

Date:

Contact telephone number (in case of enquiries):

Please **SEND COMPLETED FORM** (original or scanned) to one of the following address as appropriate:

England: Doctor licensing, Alcohol, Drugs, Tobacco & Justice, Public Health England
7th floor, Wellington House, 133-155 Waterloo Road, London SE1 8UG
doctor.licensing@phe.gov.uk

Wales: Elizabeth Davies, Senior Medical Officer, Welsh Government
Cathays Park, Cardiff CF10 3NQ
Elizabeth.Davies@wales.gsi.gov.uk Tel: 03000 251290

*Applicants wishing to apply for a licence to prescribe in Scotland should use the application form attached to the guidance document at www.gov.scot/Topics/Health/Services/Drugs/IllicitDrugsPrescribing

Please note that the grant by Home Office of a licence to prescribe will be subject to advice by the relevant health department.

Advice/recommendation by health department (office use only)