



Authorisation of a Local Government Officer under the *Tobacco Products Regulation Act 1997*

APPLICATION FORM

This completed form should be posted, faxed, or scanned and emailed to:

**Group Manager, Health Protection Operations
Department for Health and Ageing**

External Mail: GPO Box 6, Rundle Mall, Adelaide SA 5000

Fax: (08) 8226 7102

Email: HealthProtectionOperations@sa.gov.au

1. Council/Organisation Details

Name:

Address:

.....

Telephone: Email: Fax:

2. Applicant Details

2.1 Personal Details:

Title Ms Mrs Miss Mr Other:

Surname:..... First Name:..... Middle Name(s):.....

Mobile:..... Telephone:..... Email:..... Fax:.....

2.2 Current Authorisations Held

- Local Government Act 1999*
- Environment Protection Act 1993*
- Dog & Cat Management Act 1995*
- Public Health Act 2011/ Public Environmental Health Act 1987*
- Road Traffic Act 1961*
- Other (name)
- Food Act 2001*
- Impounding Act 1999*
- Expiation of Offences Act 1996*

2.3 Police Check

Have you had a Police check? Yes (please include date of issue ___/___/___) No

2.4 Current Position

- General Inspector
- Ranger
- Other (please provide details)

Date of commencement in this position: ___ / ___ / ___

2.5 Qualifications/Training

Please provide details of training relevant to this role (attaching a current resume is also acceptable)

Training Course	Date Completed

3. Applicant's Declaration

I understand that should approval is given for this application to be authorised under the *Tobacco Products Regulation Act 1997* that the authorisation is subject to the following conditions:

- The authorisation is only valid whilst employed in your current position
- Authorisation is limited to the area of the council identified on this application only
- Authorisation is not transferable
- An photo identity card being issued by the council providing the details of conditions of authorisation, listed on the instrument of authorisation
- Reports on activity under this authorisation will be submitted to Health Protection Branch on an agreed basis
- Any changes to the circumstances identified on this form will be notified to the Department of Health's Health Protection Branch within 5 working days.

Applicant's Signature: Date:/...../.....

4. Chief Executive's Approval

Chief Executive approval is required to demonstrate agreement to participate in tobacco enforcement duties on behalf of the Council and support for the authorisation of the individual identified on this form to undertake these duties.

Chief Executive: Date:/...../.....

Print Name:

For Office use only

Processed by:

- Authorisation issued (date:)
- Authorisation sent to Council (date:)
- Copy on Register (date:)