

## **Form 14 – Authorised Disposal Form**

Section 76 *Voluntary Assisted Dying Act 2021* (Qld)

### **Instructions for completing this form**

#### About this form

Form 14 must be completed by an authorised disposer ([section 159](#) of the *Voluntary Assisted Dying Act 2021*) who has been given a voluntary assisted dying substance, or unused or remaining substance, for disposal.

**Note:** In Queensland, authorised disposers of the voluntary assisted dying substance are pharmacists who hold general registration and are employed at:

- a public sector hospital
- a pharmacy that provides services only to inpatients of a private health facility licensed under the *Private Health Facilities Act 1999*
- a place at which a pharmacy business under the *Pharmacy Business Ownership Act 2001* operates.

Submitting this form in the QVAD Review Board IMS will ensure the form is given to the Voluntary Assisted Dying Review Board to comply with the *Voluntary Assisted Dying Act 2021*.

#### Before completing this form

You must dispose of the voluntary assisted dying substance, or unused or remaining substance, **as soon as practicable** after receiving it.

In accordance with [section 7](#) of the *Voluntary Assisted Dying Regulation 2022*, this requires you to personally destroy the substance by rendering it unusable and unidentifiable.

The [Disposal of voluntary assisted dying substances guidance for pharmacists](#) should be used as a guide for disposing of the substance.

For more information or assistance, contact [QVAD Pharmacy](#) at [QVADPharmacy@health.qld.gov.au](mailto:QVADPharmacy@health.qld.gov.au) or phone 1800 431 371.

#### Instructions

Within **two (2) business days** of disposing a voluntary assisted dying substance the authorised disposer must complete and submit this form in the QVAD Review Board IMS.

Form 14 is required to be given to the Voluntary Assisted Dying Review Board to ensure compliance with the *Voluntary Assisted Dying Act 2021* (the Act). Under [section 76](#) of the Act, failure to submit the completed form may result in a maximum penalty of 100 penalty units: see

<https://www.qld.gov.au/law/fines-and-penalties/types-of-fines/sentencing-fines-and-penalties-for-offences> for current penalty unit values.

### What you need to do

Within **two (2) business days** after deciding whether to accept or refuse the referral for a consulting assessment you must:

1. **Complete** this form
2. **Give** a copy of the completed form to the Voluntary Assisted Dying Review Board.

You must also record the referral and your decision to accept or refuse the referral in the person's [medical record](#).

**Note:** Submitting this form via the [QVAD Review Board IMS](#) is considered giving a copy to the Voluntary Assisted Dying Review Board.

### How to complete and submit this form

1. **Complete** the form in the QVAD Review Board IMS
2. **Submit** the form in the QVAD Review Board IMS.

After you have submitted the form, you will be able to download a copy of the submitted form from the IMS.

### **If you don't have access to the QVAD Review Board IMS, you will need:**

- A working printer
  - The ability to scan.
1. **Complete** the form online
  2. **Print** the form
  3. **Sign** Part E of the form
  4. **Scan** the entire form (not just the signature page)
  5. **Upload** the form to the QVAD Review Board IMS.

If you do not have the technology available to scan the form please contact the Office of the Voluntary Assisted Dying Review Board by email at [VADReviewBoard@health.qld.gov.au](mailto:VADReviewBoard@health.qld.gov.au)

## **1. Person requesting access to voluntary assisted dying**

1.1 VCASE Number (if known):	
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## **2. Authorised disposer information**

2.1 VAD supplier ID (if applicable):	
2.2 Ahpra registration number:	
2.3 Title:	
2.4 Given name:	
2.5 Family name:	

## **3. Authorised Disposer Contact Details**

3.1 Phone number:	
3.2 Email address:	

## **4. Authorised Disposer Work Address**

4.1 Address line 1: Street address, P.O. box etc.	
4.2 Address line 2: Apartment, suite, unit etc.	
4.3 Suburb:	
4.4 State:	
4.5 Postcode:	

**5. Details of disposal**

5.1 Date voluntary assisted dying substance was given to authorised disposer:

**Required (DD/MM/YYYY):**

5.2 Date voluntary assisted dying substance was disposed of by authorised disposer:

**Required (DD/MM/YYYY):**

5.3 Relationship to person accessing voluntary assisted dying:

Contact person

Other (please specify below)

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5.4 Did the disposal occur due to expiry of the voluntary assisted dying substance?

Yes

No

**6. Person who gave voluntary assisted dying substance to authorised disposer**

6.1 Title:	
6.2 Given name:	
6.3 Family name:	

**7. Contact details**

7.1 Phone number:	
7.2 Email address:	

## 8. Mailing address

8.1 Address line 1: Street address, P.O. box etc.	
8.2 Address line 2: Apartment, suite, unit etc.	
8.3 Suburb:	
8.4 State:	
8.5 Postcode:	

### Signature of authorised disposer

Signature:

Print name:

Date: DD/MM/YYYY

### Privacy Notice

The information collected on this form and other forms required under the *Voluntary Assisted Dying Act 2021* (VAD Act) is collected for, or by Queensland Health through the Voluntary Assisted Dying Review Board (the Board) and the Office of the Voluntary Assisted Dying Review Board for the purpose of meeting its obligations under the VAD Act and may be shared with other government agencies for that purpose and to enable the Board to meet its legislative obligations under other legislation. Information from this form may be provided to registered health practitioners authorised under the VAD Act, QVAD-Support and the person's nominated contact person to facilitate operations under the VAD Act. Personal information collected by Queensland Health will be securely stored and handled in accordance with the *Information Privacy Act 2009* (Qld). For information about how Queensland Health protects your personal information, or to learn about rights to access your own personal information, please see our website at <https://www.health.qld.gov.au/global/privacy> and <https://www.health.qld.gov.au/system-governance/contact-us/access-info/rti-application>.