

Form 14 – Authorised Disposal FormSection 76 *Voluntary Assisted Dying Act 2021* (Qld)**Instructions for completing this form**About this form

This form 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.

This form 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 value.

Note: If the administering practitioner disposes of the voluntary assisted dying substance, or unused or remaining substance, they must complete *Form 15 - Practitioner Disposal Form* in the [QVAD Review Board IMS](#).

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.

Note: For more information or assistance, please contact the [QVAD-Pharmacy](#).

Email: QVADPharmacy@health.qld.gov.au

What you need to do

Within **two (2) business days** of disposing of the voluntary assisted dying substance, you must:

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

Note: Submitting this form via the [QVAD Review Board IMS](#) or email 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 if required.

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** the form
 4. **Scan** the entire form (not just the signature page)
 5. **Email** the form to the QVAD Review Board IMS: VADReviewBoard@health.qld.gov.au.

If you don't 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.

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>.

A. Person requesting access to voluntary assisted dying

VAD person ID (if known):	
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B. Authorised disposer information

VAD supplier ID (if applicable):	
Ahpra registration number:	
Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Dr <input type="checkbox"/> Mx <input type="checkbox"/> Other (please specify):
Family name:	
Given name:	

Contact details

Phone number:	
Email address:	

Work address

Address line 1: Street address, P.O. box etc.	
Address line 2: Apartment, suite, unit etc.	
Suburb:	
State:	
Postcode:	

C. Details of disposal

Date voluntary assisted dying substance was given to authorised disposer: DD/MM/YYYY

Date voluntary assisted dying substance was disposed of by authorised disposer: DD/MM/YYYY

Person who gave voluntary assisted dying substance to authorised disposer

Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Dr <input type="checkbox"/> Mx <input type="checkbox"/> Other (please specify):
Family name:	
Given name:	

Relationship to person accessing voluntary assisted dying:

Contact person

Other (please specify below)

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Contact details

Phone number:	
Email address:	

Mailing address

Address line 1: Street address, P.O. box etc.	
Address line 2: Apartment, suite, unit etc.	
Suburb:	
State:	
Postcode:	

D. Signature of authorised disposer

Signature:

Print name:

Date: DD/MM/YYYY