

# Anatomical Examinations and Anatomy Licensing (PD2023\_44) Application to conduct anatomical examinations

Section 6(2) Anatomy Act 1977 (NSW)



## 1. PREMISES DETAILS

Trading name: \_\_\_\_\_

ABN/ACN: \_\_\_\_\_

Company/ proprietor name: \_\_\_\_\_

Address of premises: \_\_\_\_\_

Postal address: \_\_\_\_\_

## 2. PROPOSED LICENSEE(S)

Full name\*: \_\_\_\_\_

Title and position\*\*: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

Mobile number: \_\_\_\_\_

\* Include all relevant information for both proposed licensees if application is for a joint licence.

\*\* If the licence holder may change during the licence period, applicants may wish to request in their supporting statement that the licence is addressed to a legal entity rather than a natural person. NSW Health must be notified in writing within 3 months of a change of persons in charge of day to day running of the facility.

## 3. TYPE OF APPLICATION

New approval

Renewal of approval

One-off approval

Amend current approval

Licence number if known \_\_\_\_\_

## 4. SUPPORTING STATEMENT

All applications are to be accompanied by a supporting statement and associated supplementary documents that address the following aspects:

- Experience of proposed licence holder** – provide a statement and supporting documentation, including a curriculum vitae with a brief summary of relevant work experience and the time periods involved in running an anatomy facility, and/or work in a comparable area to anatomy facilities.
- Access to the facility** – specify the types of students and staff who will use the facility and their approximate number per year. Outline the proposed security process in place for ensuring access to the facility is restricted to authorised students and staff (as specified).

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### 4. SUPPORTING STATEMENT (CONT.)

**Proposed anatomical activities** – this can be a general statement on the range of activities to be undertaken in the facility. For example: 'The study and practice of anatomy within the terms of the Anatomy Act 1977 (NSW) and NSW Health policy directive PD2023\_044 Anatomical Examinations and Anatomy Licensing using tissues for the purposes of anatomical dissection and surgical technique' or other approved anatomy activity such as specific research which has ethics approval.

- c. **Types of specimens** – outline the types of specimens such as human tissue or body parts (i.e., sealed pathology specimens or plastinated specimens) and their intended use. For example, body parts are used for surgical training in specific regions of the body).
- d. **Accessing and storing cadaver material** – outline the proposed process for obtaining cadaver material, including details of the facilities where tissue may be sourced. This should include where and how cadaver material/ tissue/ specimens will be stored, and details of the security measures for the location and arrangements for transport of specimens. If applicable, details should be provided on the licensed facility/s where the specimens will be transferred from.
- e. **Registering tissues/ specimens** – outline the proposed process for registering all tissue and specimens.
- f. **Disposal of tissues/ specimens** – outline the proposed process for the disposal of tissues/specimens as determined by the requirements of the Anatomy Act 1977 (NSW) and NSW Health policy directive PD2023\_044 Anatomical Examinations and Anatomy Licensing.
- g. **Ethics committee statement** – NSW Health will advise applicants if statements of support from referees and institutions ethics committees are required as part of the licence application.

### 5. DECLARATION

I, the applicant, apply for a licence under the *Anatomy Act 1977* (NSW). I confirm that I will be responsible for all aspects relating to the operation of the anatomy facility, that the facility may be subject to periodic compliance audits and inspections, and that:

- I understand that a 100-point identity check, qualifications, certifications, and independence checks may be undertaken as part of the application and approval process, and I give NSW Health permission to conduct these checks
- The application form and all documentation submitted in support of the application is to the best of my knowledge true, accurate and complete
- I consent to NSW Health conducting reference checks about personal history, qualifications, and experience.

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ (dd/mm/yyyy)

Please check your application to ensure that all sections have been completed and all supporting information is provided or attached. Incomplete applications will be declined