



# 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\*** under the **Misuse of Drugs Act – ‘Notification of Supply to Addicts’ Regulations 1997 (\*Delete as appropriate)**

<b>APPLICANT (BLOCK CAPITALS)</b>				
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:				
<b>PREMISES FOR WHICH LICENCE IS REQUIRED</b>				
NB Licences are premises-specific and are not transferable to other premises				
Details of premises: <ul style="list-style-type: none"> <li>• Name</li> <li>• Address</li> <li>• Telephone number</li> </ul> Please list all premises individually:	Do you hold an existing licence?  <b>Yes/No</b> for each premises	If licence held, has it been used in the last year?  <b>Yes/No</b> for each premises	How many addicts would you expect to treat by prescribing <b>cocaine*/diamorphine*/dipipanone*</b> 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 PCT/drugs partnership/local health board, or a senior officer of an NHS employing organisation (for E&W); and by a senior officer of the Scottish Health Board (Scotland):

On behalf of my authority/partnership/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:** Dr Mark Prunty, Senior Medical Officer, Department of Health (England)  
Wellington House, 133-155 Waterloo Road. London. SE18UG.  
[Mark.Prunty@dh.gsi.gov.uk](mailto:Mark.Prunty@dh.gsi.gov.uk) Tel: 0207 972 4830/4554

**Scotland:** Dr Harry Burns, Chief Medical Officer, Room Area 1E.16, St Andrew's House,  
Regent Road, Edinburgh, EH1 3DH  
[CMO@scotland.gsi.gov.uk](mailto:CMO@scotland.gsi.gov.uk) Tel: 0131 244 2264 Fax: 0131 244 3477

**Wales:** Dr Sarah Watkins, Senior Medical Officer, Welsh Government, Cathays Park,  
Cardiff, CF10 3NQ  
[Sarah.Watkins@Wales.GSI.Gov.UK](mailto:Sarah.Watkins@Wales.GSI.Gov.UK) Tel: 02920 825 222 Fax: 02920 826 331

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)