# Diamorphine prescribing licence: application form (MD36)

You can find information for doctors who want to get a licence to prescribe diamorphine to treat opioid dependence at [Controlled drug domestic licences for doctors: how to apply](https://www.gov.uk/guidance/controlled-drug-domestic-licences-for-doctors-how-to-apply).

## Instructions for completing the form

Please follow these instructions when you complete this form. This will help to prevent delays in your registration.

1. This application is for a licence to prescribe diamorphine in England or Wales only. If you want to apply for a licence to prescribe in Scotland, you should use the [application form available on the Scottish Government website](https://www.gov.scot/publications/licensing-to-prescribe-diamorphine-cocaine-and-dipipanone-guidance/).
2. You must include your General Medical Council (GMC) reference number so we can check your application against the medical register to ensure your registration status.
3. Check all your details are correct and that all sections are completed before you submit the form.
4. Make sure that the email address you use to submit the form, and the email address of your nominator, is an organisational address, not a personal one.

## Submitting your completed form

If you are applying in England, please send your completed application form to [doctor.licensing@dhsc.gov.uk](mailto:doctor.licensing@dhsc.gov.uk).

If you are applying in Wales, please send your completed application form to [pschiefmedicalofficer@gov.wales](mailto:Elizabeth.Davies@wales.gsi.gov.uk).

The Office for Health Improvement and Disparities (OHID) will check applications for England and send them to the Home Office together with its advice. The Welsh government will do the same for applications in Wales.

## Your data

Data from all applications from England will be held and processed in line with [Doctor licensing for diamorphine prescribing: privacy notice](https://www.gov.uk/government/publications/doctor-licensing-for-diamorphine-prescribing-privacy-notice).

## Complete the registration form

Enter your information in the text box after each question or select the relevant boxes.

### Applicant details (all required)

Surname

Click or tap here to enter text.

First name

Click or tap here to enter text.

Medical qualifications

Click or tap here to enter text.

Medical grade or status (for example, trainee or consultant)

Click or tap here to enter text.

General Medical Council (GMC) registration number

Click or tap here to enter text.

Date of full UK registration with the GMC

Click or tap here to enter text.

Phone number

Click or tap here to enter text.

Email address (this should be an organisational email address, not personal Outlook, Hotmail, Gmail, etc)

Click or tap here to enter text.

If you are not a consultant, please enter the name of the consultant psychiatrist who has agreed to supervise your diamorphine prescribing. This consultant should also hold a diamorphine prescribing licence.

Click or tap here to enter text.

Please enter any issues you think we should consider to support this application, including any evidence of relevant training, experience, governance arrangements and multidisciplinary support for patients.

Click or tap here to enter text.

### Premises details

#### Premises 1

Organisation or service name

Click or tap here to enter text.

Is this an inpatient or outpatient service?

Inpatient

Outpatient

Address: line 1 (required)

Click or tap here to enter text.

Address: line 2 (optional)

Click or tap here to enter text.

Town or city (required)

Click or tap here to enter text.

Postcode (required)

Click or tap here to enter text.

Phone number

Click or tap here to enter text.

If you hold an existing diamorphine prescribing licence for these premises, please tick the box and include a copy of the licence with your application

If you ticked the above box and you have used the licence to prescribe diamorphine for a patient in your care in the last year, please tick the next box

How many people would you expect to treat at these premises by prescribing diamorphine each week?

Click or tap here to enter text.

#### Premises 2

Organisation or service name

Click or tap here to enter text.

Is this an inpatient or outpatient service?

Inpatient

Outpatient

Address: line 1 (required)

Click or tap here to enter text.

Address: line 2 (optional)

Click or tap here to enter text.

Town or city (required)

Click or tap here to enter text.

Postcode (required)

Click or tap here to enter text.

Phone number

Click or tap here to enter text.

If you hold an existing diamorphine prescribing licence for these premises, please tick the box and include a copy of the licence with your application

If you ticked the above box and you have used the licence to prescribe diamorphine for a patient in your care in the last year, please tick the next box

How many people would you expect to treat at these premises by prescribing diamorphine each week?

Click or tap here to enter text.

#### Premises 3

Organisation or service name

Click or tap here to enter text.

Is this an inpatient or outpatient service?

Inpatient

Outpatient

Address: line 1 (required)

Click or tap here to enter text.

Address: line 2 (optional)

Click or tap here to enter text.

Town or city (required)

Click or tap here to enter text.

Postcode (required)

Click or tap here to enter text.

Phone number

Click or tap here to enter text.

If you hold an existing diamorphine prescribing licence for these premises, please tick the box and include a copy of the licence with your application

If you ticked the above box and you have used the licence to prescribe diamorphine for a patient in your care in the last year, please tick the next box

How many people would you expect to treat at these premises by prescribing diamorphine each week?

Click or tap here to enter text.

#### Premises 4

Organisation or service name

Click or tap here to enter text.

Is this an inpatient or outpatient service?

Inpatient

Outpatient

Address: line 1 (required)

Click or tap here to enter text.

Address: line 2 (optional)

Click or tap here to enter text.

Town or city (required)

Click or tap here to enter text.

Postcode (required)

Click or tap here to enter text.

Phone number

Click or tap here to enter text.

If you hold an existing diamorphine prescribing licence for these premises, please tick the box and include a copy of the licence with your application

If you ticked the above box and you have used the licence to prescribe diamorphine for a patient in your care in the last year, please tick the next box

How many people would you expect to treat at these premises by prescribing diamorphine each week?

Click or tap here to enter text.

If you need a licence for more than 4 premises, please contact us and tell us how many premises need to be covered by your licence and we will send you a form for the correct number of premises.

### Applicant’s declaration

I declare that to the best of my knowledge all the information I have given in this application is correct.

Signed (insert a scanned signature here or attach one to your email)



Date

Click or tap to enter a date.

You need to be aware of [section 18(4)(a) of the Misuse of Drugs Act 1971](https://www.legislation.gov.uk/en/ukpga/1971/38/section/18), which makes it an offence for anybody to make a statement or give any information they know to be false, to obtain a licence or other authority under the Act.

### Organisational nomination

This section should be completed by a senior officer of the applicant’s NHS or voluntary sector employer.

On behalf of the applicant’s employing organisation, I confirm the previous information is correct and I nominate the applicant to receive an appropriate licence.

I confirm that the applicant’s employing organisation is willing and able to provide the necessary governance and support to ensure safe and effective prescribing of diamorphine.

Name

Click or tap here to enter text.

Role or position

Click or tap here to enter text.

Organisation

Click or tap here to enter text.

Phone number

Click or tap here to enter text.

Email address (this should be an organisational email address, not personal Outlook, Hotmail, Gmail, etc)

Click or tap here to enter text.

Date

Click or tap to enter a date.