



Change to the Purpose for Handling an SSBA

Release Date: July 2019

Introduction

Facilities must report to the Department of Health (Health) on changes to the purpose for handling a registered SSBA including ceasing a purpose or adding a purpose. This report must be provided as soon as possible and within two business days of the change occurring.

Providing information to Health

The information you provide to Health is mandated by the *National Health Security Act 2007* and will be included on the National Register of SSBA's.

It is important to answer all questions and to provide accurate information. If the information you provide is incorrect or incomplete, Health may require you to provide additional information. This may cause delays.

Privacy

Personal information provided to Health will comply with the requirements of the *Privacy Act 1988*.

Application Authorisation

Please ensure that the person completing this form holds the appropriate authority to submit this application on behalf of the entity or facility.

Instructions on completing this form

This document allows electronic entry of information into the required fields. It is recommended that, where possible, this form should be completed on a computer and a copy printed, signed and sent to Health.

All questions are mandatory and must be completed. If the space provided in each field is not sufficient to complete your answer, please include any additional information in an attachment with the information clearly marked as to which question it relates to.

Please ensure you retain a copy of this completed form as Health is unable to provide copies of submitted documents.

Lodgement

To lodge this form via post you will need to use an opaque envelope and post using Australia Post's Registered Mail service. You are considered to have submitted the report at the date and time shown on the registered post receipt.

Please do not email or fax forms to Health as these cannot be accepted.

Please submit all postal applications to:

The Director
Health Emergency Planning, Security and Laboratories Section
Department of Health
MDP 140, GPO Box 9848
Canberra ACT 2601

Once Health has received the form, you will be provided with a confirmation of receipt by email to the contact officer listed for the facility.

Further Information

Please use your facility reference number to refer to any matters relating to your facility.

If you have any queries about this form please contact the SSBA Regulatory Scheme:

Telephone: (02) 6289 7477

Email: ssba@health.gov.au

PART 1: FACILITY DETAILS

Please complete the details for the entity and facility.

Facility registration number	
Entity name	
Facility name	

PART 2: SSBA Details

Please complete the details for the registered SSBA

Registered SSBA	Select SSBA
Specific strain, serotype or toxin subunit (if applicable)	

PART 3: CHANGE TYPE

Please tick the change that you are reporting.

- ☐ Ceasing a Purpose for Handling → Go to PART 4
- ☐ Adding a Purpose for Handling → Go to PART 5

PART 4: CEASING A PURPOSE FOR HANDLING SSBA

Please complete this section if you are ceasing a registered purpose for handling a registered SSBA.

Ceasing a Purpose for Handling SSBA	
Details of the approved purpose that you would like to cease (as registered with Health)	
Date this purpose ceased or will cease	

PART 5: ADDING A PURPOSE FOR HANDLING SSBA

Please complete this section if you are adding a purpose for handling a registered SSBA.

Change or Addition to Purpose for Handling SSBA	
New purpose for handling Please note: If you are handling the SSBA for research purposes you will also need to complete Part 6.	
Start date of new purpose	

PART 6: HANDLING AN SSBA FOR RESEARCH PURPOSES

If you are handling the SSBA for research purposes please answer the following questions. If you have multiple, independent research projects you will need to separately complete the questions below for each project (you may photocopy this page as required). All questions must be answered with sufficient information as indicated, please do not leave any gaps - if necessary indicate not applicable.

Research Details	
Project title	
Principle Researcher(s)	
Briefly describe the research project and anticipated outcomes or application of the research (100 words)	
Please indicate which committees oversee this research (e.g. Institutional Biosafety Committee, Ethics Committees etc)	
Please indicate if the research is being undertaken in collaboration with other organisation domestically or internationally	
Please provide a specific list of previous (past 5 years) and current funding for this research project	
Please provide publication citations from the principal investigators (relevant to the work if it is a long-term project, or past 5 year's citations from research team, including collaborators, if new work).	

PART 7: SIGNATURES

The information collected on this form may be used by Health to decide whether to vary the National Register of Security Sensitive Biological Agents (National Register). If a decision is made to vary the National Register, the information contained on this form, including personal information, will be recorded on the National Register by Health.

The information collected on this form is authorised under the *National Health Security Act 2007* and *National Health Security Regulations 2018*. Information collected on this form may be disclosed by Health to the Australian Security Intelligence Organisation, law enforcement agencies such as the Australian Federal Police and State and Territory police forces, other agencies responsible for responding to emergencies and other specified persons. Health is unlikely to disclose personal information to overseas recipients.

Health has an Australian Privacy Principles (APP) privacy policy which you can read at www.health.gov.au/internet/main/publishing.nsf/content/privacy-policy. You can obtain a copy of the APP privacy policy by contacting Health by telephone on (02) 6289 1555, freecall 1800 020 103 or by using the online enquiries form at www.health.gov.au.

The National Register is hosted and maintained by the Department of Home Affairs.

I declare that:

- I am duly authorised to sign this declaration on behalf of the entity associated with this facility;
- The information supplied on this form and any attachment is true and correct; and
- This entity is compliant with the SSBA Standards currently in force.

Signature	
Date	
Full name (Please print)	
Position title	
Contact telephone number	
Contact e-mail address	