



Initial Registration

Release Date: July 2019

Introduction

If you handle security sensitive biological agents (SSBAs), you must register with the Department of Health (Health). You are required to submit your initial registration application within two business days of starting to handle an SSBA. This application must be provided in hard copy to Health using this form.

Each facility must complete a separate initial registration form to register with Health.

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 SSBAs.

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 preparing this registration application

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.

All fields are mandatory unless otherwise stated.

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: ENTITY DETAILS

Please complete the details for the entity.

Entity Details	
Full name of entity <i>(legal name)</i>	
Entity trading name <i>(if different)</i>	
ABN	
ACN <i>(if applicable)</i>	
Australian Registered Body Number <i>(if applicable)</i>	
Physical Address	
Address 1	
Address 2	
Suburb/City	
State	
Postcode	
Postal Address (if different from above)	
Address 1	
Address 2	
Suburb/City	
State	
Postcode	
Contact Details	
Telephone number	
Facsimile number	
Email address <i>(if generic email address is available)</i>	

All fields are mandatory unless otherwise stated.

PART 2: FACILITY DETAILS

Please provide the details for the facility associated with the entity listed above. Please note that each facility is required to complete a separate Initial Registration form.

Facility Details	
Facility name	
Room number/s <i>(if applicable)</i>	
Floor/level <i>(if applicable)</i>	
Building name <i>(if applicable)</i>	
Physical Address	
Address 1	
Address 2	
Suburb/City	
State	
Postcode	
Postal Address (if different from above)	
Address 1	
Address 2	
Suburb/City	
State	
Postcode	
Contact Details	
Email address <i>(if generic email address is available)</i>	

PART 3: LINKED STORAGE FACILITY (TIER 2 SSBA's ONLY)

Please provide the details of the facility's linked storage unit.

Linked Storage Facility Details 1	
Storage facility name	
Is this storage facility located within the same building? <i>Note: the storage facility must be within the same building as the registered facility and preferably on the same floor.</i>	Yes <input type="checkbox"/> → please complete questions below No <input type="checkbox"/> → please contact Health
Location of storage facility within the building (e.g. room number/floor/building name)	
Has this storage facility been included in the facility's risk assessment and management plans?	Yes <input type="checkbox"/> → please complete questions below No <input type="checkbox"/> → please contact Health
Is the storage unit fixed and non-transportable?	Yes <input type="checkbox"/> → please complete questions below No <input type="checkbox"/> → please contact Health

Linked Storage Facility Details 2	
Storage facility name	
Is this storage facility located within the same building? <i>Note: the storage facility must be within the same building as the registered facility and preferably on the same floor.</i>	Yes <input type="checkbox"/> → please complete questions below No <input type="checkbox"/> → please contact Health
Location of storage facility within the building (e.g. room number/floor/building name)	
Has this storage facility been included in the facility's risk assessment and risk management plans?	Yes <input type="checkbox"/> → please complete questions below No <input type="checkbox"/> → please contact Health
Is the storage unit fixed and non-transportable?	Yes <input type="checkbox"/> → please complete questions below No <input type="checkbox"/> → please contact Health

All fields are mandatory unless otherwise stated.

PART 4: RESPONSIBLE OFFICERS

Please provide the details for one Responsible Officer and one Deputy Responsible Officer.

Responsible Officer Name	
Title (e.g. Dr, Mr, Ms etc)	
First name	
Middle name	
Last name	
Contact Details	
Business telephone number	
Mobile or emergency telephone number	
Facsimile (if applicable)	
Email	
Responsible Officer Postal Address (if different from the facility)	
Address 1	
Address 2	
Suburb/City	
State	
Postcode	

Deputy Responsible Officer Name	
Title (e.g. Dr, Mr, Ms etc)	
First name	
Middle name	
Last name	
Contact Details	
Business telephone number	
Mobile or emergency telephone number	
Facsimile (if applicable)	
Email	

PART 5: SSBA DETAILS

Please complete the table below for each SSBA that this facility handles. The National Health Security Act 2007 defines handling as receiving, holding, using or storing SSBAs.

Section 1 - SSBA Details (SSBA 1)	
Name of SSBA	Select SSBA
Specific strain, serotype or toxin subunit <i>(if applicable)</i>	
Is the facility currently handling this SSBA?	Yes <input type="checkbox"/> → Start date of handling: No <input type="checkbox"/> → please complete question below
If no, proposed start date of handling this SSBA	
Is this SSBA only handled and stored within the registered facility?	Yes <input type="checkbox"/> → please move to handling purpose section No <input type="checkbox"/> → please complete question below
Is this SSBA stored in this facility's linked storage unit?	Yes <input type="checkbox"/> → please provide details: and move to handling purpose section below No <input type="checkbox"/> → please complete question below
Is this SSBA stored in another registered facility?	Yes <input type="checkbox"/> → registration number: No <input type="checkbox"/> → please contact Health if you have answered NO to all questions
Handling Purpose 1	
Purpose for handling this SSBA Please note: If you are handling the SSBA for research purposes you will need to complete Section 2 for this SSBA.	
Start date for this purpose <i>(if different from handling start date)</i>	
Handling Purpose 2	
Purpose for handling this SSBA <i>(if applicable)</i> Please note: If you are handling the SSBA for research purposes you will need to complete Section 2 for this SSBA.	
Start date for this purpose <i>(if different from handling start date)</i>	
Handling Purpose 3	
Purpose for handling this SSBA <i>(if applicable)</i> Please note: If you are handling the SSBA for research purposes you will need to complete Section 2 for this SSBA.	
Start date for this purpose <i>(if different from handling start date)</i>	

All fields are mandatory unless otherwise stated.

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.

Section 2 – Handling an SSBA for Research purposes (SSBA 1)	
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).	

All fields are mandatory unless otherwise stated.

Section 1 - SSBA Details (SSBA 2)	
Name of SSBA	Select SSBA
Specific strain, serotype or toxin subunit <i>(if applicable)</i>	
Is the facility currently handling this SSBA?	Yes <input type="checkbox"/> → Start date of handling: No <input type="checkbox"/> please complete question below
If no, proposed start date of handling this SSBA	
Is this SSBA only handled and stored within the registered facility?	Yes <input type="checkbox"/> → please move to handling purpose section No <input type="checkbox"/> → please complete question below
Is this SSBA stored in this facility's linked storage unit?	Yes <input type="checkbox"/> → please provide details: and move to handling purpose section below No <input type="checkbox"/> → please complete question below
Is this SSBA stored in another registered facility?	Yes <input type="checkbox"/> → registration number: No <input type="checkbox"/> → please contact Health if you have answered NO to all questions
Handling Purpose 1	
Purpose for handling this SSBA Please note: If you are handling the SSBA for research purposes you will need to complete Section 2 for this SSBA.	
Start date for this purpose <i>(if different from handling start date)</i>	
Handling Purpose 2	
Purpose for handling this SSBA <i>(if applicable)</i> Please note: If you are handling the SSBA for research purposes you will need to complete Section 2 for this SSBA.	
Start date for this purpose <i>(if different from handling start date)</i>	
Handling Purpose 3	
Purpose for handling this SSBA <i>(if applicable)</i> Please note: If you are handling the SSBA for research purposes you will need to complete Section 2 for this SSBA.	
Start date for this purpose <i>(if different from handling start date)</i>	

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Section 2 – Handling an SSBA for Research purposes (SSBA 2)	
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).	

Section 1 - SSBA Details (SSBA 3)	
Name of SSBA	Select SSBA
Specific strain, serotype or toxin subunit <i>(if applicable)</i>	
Is the facility currently handling this SSBA?	Yes <input type="checkbox"/> → Start date of handling: No <input type="checkbox"/> → please complete question below
If no, proposed start date of handling this SSBA	
Is this SSBA only handled and stored within the registered facility?	Yes <input type="checkbox"/> → please move to handling purpose section No <input type="checkbox"/> → please complete question below
Is this SSBA stored in this facility's linked storage unit?	Yes <input type="checkbox"/> → please provide details: and move to handling purpose section below No <input type="checkbox"/> → please complete question below
Is this SSBA stored in another registered facility?	Yes <input type="checkbox"/> → registration number: No <input type="checkbox"/> → please contact Health if you have answered NO to all questions
Handling Purpose 1	
Purpose for handling this SSBA Please note: If you are handling the SSBA for research purposes you will need to complete Section 2 for this SSBA.	
Start date for this purpose <i>(if different from handling start date)</i>	
Handling Purpose 2	
Purpose for handling this SSBA <i>(if applicable)</i> Please note: If you are handling the SSBA for research purposes you will need to complete Section 2 for this SSBA.	
Start date for this purpose <i>(if different from handling start date)</i>	
Handling Purpose 3	
Purpose for handling this SSBA <i>(if applicable)</i> Please note: If you are handling the SSBA for research purposes you will need to complete Section 2 for this SSBA.	
Start date for this purpose <i>(if different from handling start date)</i>	

All fields are mandatory unless otherwise stated.

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.

Section 2 – Handling an SSBA for Research purposes (SSBA 3)	
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 6: PRIVACY COLLECTION NOTICE

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	