



TRADITIONAL CHINESE MEDICINE ENDANGERED SPECIES CERTIFICATION SCHEME APPLICATION FORM – COMPLETE IN ENGLISH

This form is intended for practitioners, researchers, educators, wholesalers, importers, exporters, retail outlets and other traders in Chinese medicines that wish to apply for certification under the Traditional Chinese Medicine Endangered Species Certification Scheme (ESCS). The ESCS was established with funding provided by the Department of the Environment, Water, Heritage and the Arts.

SECTION A: APPLICANT DETAILS			
Are you applying as:			
<input type="checkbox"/> an individual TCM practitioner <input type="checkbox"/> a group TCM practice (that is, more than one TCM practitioner practising under a business name or partnership) <input type="checkbox"/> a researcher into Chinese herbal medicines <input type="checkbox"/> a TCM education provider (that is, applying on behalf of the institution) <input type="checkbox"/> an importer, exporter or wholesaler of traditional Chinese medicines <input type="checkbox"/> a Chinese herbal retail outlet <input type="checkbox"/> other – please specify _____			
If you have ticked more than one box, please complete a separate form for each application.			
NAME OF PRACTICE/BUSINESS/ORGANISATION		ABN	
NAME OF PRACTITIONER (where the applicant is an individual practitioner) OR NAME OF ACCOUNTABLE PERSON (this is the person who will sign on behalf of the group practice/business/organisation)			
TITLE (circle 1) Prof Dr Mr Ms Mrs Miss Other	FAMILY NAME	GIVEN NAMES	
NAME, AS YOU WOULD LIKE IT TO APPEAR ON CERTIFICATES			
WINDOW DECAL OR DOOR STICKER I would prefer <input type="checkbox"/> a window decal (for clear glass) OR <input type="checkbox"/> a door sticker (for opaque surfaces)			
CONTACT INFORMATION			
POSTAL ADDRESS			
SUBURB		STATE	POSTCODE
PHONE	FAX	EMAIL	
PRACTICE/BUSINESS DETAILS – add additional sheets if more than 3 practice/business addresses			
CLINIC/BUSINESS ADDRESS 1 (incl State & Postcode)			
PHONE	FA X	WEB/EMAIL	
CLINIC/BUSINESS ADDRESS 2 (incl State & Postcode)			
PHONE	FA X	WEB/EMAIL	
CLINIC/BUSINESS ADDRESS 3 (incl State & Postcode)			

