



Notification of change in contacts for organisation

This form can be used to provide/update contact and authorisation details for the Organisation, the CEO, the Primary and Secondary contact officer, IBC Chairperson and IBC Primary contact officers.

Part 1: Organisation Contact Information

Part 2: IBC Contact Information

Part 3: Authorised Persons Information

Part 1: Organisation Contact Information

Please provide contact details for the Organisation, the CEO, and the Primary and Secondary Contact Officers (The persons who will receive OGTR correspondence).

Personal information is collected by the OGTR to enable the Gene Technology Regulator to perform the functions set out the *Gene Technology Act 2000* (the Act). Personal information specified in this form is collected for the purpose of assessing applications under the Act, and is handled in accordance with the Australian Privacy Principles set out in the *Privacy Act 1988*. More information can be accessed at the Department of Health's [APP privacy policy web page](#). The Department's APP privacy policy explains detail how the Department collects, stores, uses and discloses personal information, including how a person may seek access to, or correct their personal information, and how a complaint about a breach of the APPs can be made.

If individual contact details have been previously provided to the OGTR, you need only complete the surname and first name (and any other information necessary to clearly identify the person).

CEO or equivalent

Personal title: (eg Ms/Mr/Dr)	<input type="text"/>	Surname:	<input type="text"/>
First name:	<input type="text"/>	Preferred first name:	<input type="text"/>
Phone number:	<input type="text"/>	Mobile:	<input type="text"/>
		Fax:	<input type="text"/>
E-mail Address:	<input type="text"/>		
Position title:	<input type="text"/>		
Organisation (for postal delivery):	<input type="text"/>		
Postal address:	<input type="text"/>		
Postal Locality: (City/Suburb/Location)	<input type="text"/>	State:	<input type="text"/>
Postcode:	<input type="text"/>	Country:	<input type="text"/>

Organisation Primary Contact Officer (required)

(The person who will receive all OGTR correspondence)

Personal title: (eg Ms/Mr/Dr)	<input type="text"/>	Surname:	<input type="text"/>		
First name:	<input type="text"/>	Preferred first name:	<input type="text"/>		
Phone number:	<input type="text"/>	Mobile:	<input type="text"/>	Fax:	<input type="text"/>
E-mail Address:	<input type="text"/>				
Position title:	<input type="text"/>				
Organisation (for postal delivery):	<input type="text"/>				
Postal address:	<input type="text"/>				
Postal Locality: (City/Suburb/Location)	<input type="text"/>			State:	<input type="text"/>
Postcode:	<input type="text"/>	Country:	<input type="text"/>		

Organisation Secondary Contact Officer (optional)

(The person who will receive copies of all OGTR correspondence in addition to the Primary Contact)

Personal title: (eg Ms/Mr/Dr)	<input type="text"/>	Surname:	<input type="text"/>		
First name:	<input type="text"/>	Preferred first name:	<input type="text"/>		
Phone number:	<input type="text"/>	Mobile:	<input type="text"/>	Fax:	<input type="text"/>
E-mail Address:	<input type="text"/>				
Position title:	<input type="text"/>				
Organisation (for postal delivery):	<input type="text"/>				
Postal address:	<input type="text"/>				
Postal Locality: (City/Suburb/Location)	<input type="text"/>			State:	<input type="text"/>
Postcode:	<input type="text"/>	Country:	<input type="text"/>		

Part 2: IBC Contact Information

Please provide contact details for the IBC, the IBC Chairperson, and the Primary Contact for the IBC (The persons who will receive OGTR correspondence relating to the IBC).

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Name of IBC:

If individual contact details have been previously provided to the OGTR, you need only complete the surname and first name (and any other information necessary to clearly identify the person).

Chair of IBC

Personal title: (eg Ms/Mr/Dr)	<input type="text"/>	Surname:	<input type="text"/>	
First name:	<input type="text"/>		Preferred first name:	<input type="text"/>
Phone number:	<input type="text"/>	Mobile:	<input type="text"/>	Fax: <input type="text"/>
E-mail Address:	<input type="text"/>			
Position title:	<input type="text"/>			
Organisation (for postal delivery):	<input type="text"/>			
Postal address:	<input type="text"/>			
Postal Locality: (City/Suburb/Location)	<input type="text"/>			State: <input type="text"/>
Postcode:	<input type="text"/>	Country:	<input type="text"/>	

Primary Contact for the IBC (if different to Chair)

(The person who will receive all OGTR correspondence relating to the IBC)

Personal title: (eg Ms/Mr/Dr)	<input type="text"/>	Surname:	<input type="text"/>
First name:	<input type="text"/>	Preferred first name:	<input type="text"/>
Phone number:	<input type="text"/>	Mobile:	<input type="text"/>
		Fax:	<input type="text"/>
E-mail Address:	<input type="text"/>		
Position title:	<input type="text"/>		
Organisation (for postal delivery):	<input type="text"/>		
Postal address:	<input type="text"/>		
Postal Locality: (City/Suburb/Location)	<input type="text"/>	State:	<input type="text"/>
Postcode:	<input type="text"/>	Country:	<input type="text"/>

Part 3: Authorised Persons Information

(Persons authorised to make applications on behalf of the organisation)

The OGTR has a policy of requiring applications to be submitted by persons duly authorised to submit them. The delegation of authority, to make applications to the OGTR, is established by each organisation as they see fit.

Although we consider that the CEO (or equivalent role) is automatically authorised to submit applications to the OGTR, all other people in your organisation need to be specifically authorised.

All OGTR application forms available on our website contain a declaration section where the signatory indicates that they have the authority to make the application.

Where an application to the OGTR has no formal application form (e.g. variation, surrender, suspension, lift of suspension, transfer) we require applicants to either:

- be listed in our database as a person authorised to make such applications; or
- state that they are duly authorised to make the request on behalf of their organisation in the application email/letter (if they indeed are).

Categories of Authorisations

The following list of categories is used to identify which types of applications persons are authorised to make on behalf of the organisation.

Note: Secondary Applications refer to variation, suspension, lift of suspension, transfer and surrender applications.

- Authorised AllSecApps – Authorised for all Secondary Applications for all instruments (Accr/Cert/DIR/ DNIR)
- Authorised AccrSecApps – Authorised only for Secondary Applications relating to Accreditations
- Authorised CertSecApps – Authorised only for Secondary Applications relating to Certifications
- Authorised DNIRSecApps – Authorised only for Secondary Applications relating to DNIRs
- Authorised DIRSecApps – Authorised only for Secondary Applications relating to DIRs
(**Note:** authorised persons indicated in specific DIR application forms are also stored in our database for that DIR only)

Action Required

If you wish for the OGTR to store a list of persons who are duly authorised to make the abovementioned applications:-

1. You can add each new authorised person to the list by completing the attached 'Personal Contact Information' form in full.
2. The 'Personal Contact Information' form can also be used to amend an already authorised person's contact details.
3. You may advise the removal of an authorised person by simply sending an email stating that you wish to do so for a particular person.

Note: Organisations are welcome to update their listing of persons authorised to make applications at any time.

Personal Contact Information

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Amend/Add?	Choose an item.	Categories of Authorisation	Choose an item. Choose an item.
Personal title: (eg Ms/Mr/Dr)		Surname:	
First name:		Preferred first name:	
Phone number:		Mobile:	
		Fax:	
E-mail Address:			
Position title:			
Organisation (for postal delivery):			
Postal address:			
Postal Locality: (City/Suburb/Location)		State:	
Postcode:		Country:	