Forms Bundle for Application to Grow Cannabis

Including Application for GreenCross Membership, Patient Consent Form and MOH Application to Grow a Prohibited Plant
APPLICATION FORM FOR FULL MEMBERSHIP
To be completed by the Patient Applicant & his/her NZ registered medical practitioner/specialist.

PART 1

Applicant’s Details
(This Part to be completed by the Applicant.)

Full Name:

Date of Birth:

Mailing Address:

Email Address:

Phone Number:

Mobile Number:

Medical Condition / Complaint:

Name of your doctor / specialist:

Doctor’s telephone number/contact details:

Hospital or medical institution you attend (if any):

Please include any relevant information and/or doctor’s/specialist’s letters pertaining to your medical condition, any allergies you may possess and details of any prescription medication you are currently taking and/or have recently been prescribed (if any).

Do you have any psychological or other conditions that might be affected by the use of cannabis?
Yes / No (Please circle one answer.)
If yes, please provide details:
From time to time we are contacted by the media wanting people to interview (sometimes anonymously). Would you be prepared to speak to the media?
Yes / No (Please circle one answer only.)

I confirm that I am not a member of any law enforcement agency.
Yes / No (Please circle one answer only.)
I agree to pay $20.00 for the initial membership fee which includes cost of the GreenCross card. I agree that all information and communication between GreenCross NZ and me is confidential and will not be discussed or disclosed to any persons without the agreement of GreenCross NZ.

I hereby declare that I have provided all the information requested of me in this Application Form truthfully, accurately and to the best of my knowledge.

________________________________________
Patient’s Signature

________________________________________
Date

IMPORTANT NOTE:

If questioned/arrested by police for your possession and use of medicinal cannabis we advise you to politely and firmly limit your statements to the police and any questioning by them to the following:-

(a) You wish to exercise your right of non-consent to the police entering and searching your residence, motor vehicle or person;
(b) You wish to exercise your right to silence; and
(c) You wish to exercise your right to speak to a lawyer.

These are your rights. Do NOT be persuaded to answer any questions from the police except the above responses claiming your legal rights as this could jeopardise your position in any court proceedings.

If the police claim to be entering your residence under their powers of the Search and Surveillance Act 2013, ask to be shown proof of their identification and have them declare in writing their cause for belief of their right to claim entry and search your residence under this Act.

In the event of any intimidation or bullying questioning from the police, politely and firmly remind them of your right to silence, if necessary.

Ensure that you do not speak to the police at any time except in the presence of your lawyer.
Patient’s Full Name:

Date of Birth:

Doctor’s / Specialist’s Name:

Office or Surgery Address:

Office or Surgery Phone #:

Office or Surgery e-mail:

Patient Diagnoses / Condition(s):
Questions for Medical Practitioner/Specialist

Are you aware that cannabidiol and tetrahydrocannabinol are legal prescription medicines under Part 1 of Schedule 1 of the Medicines Regulations 1984 and therefore able to be legally prescribed by a patient’s doctor?
Yes / No (Please circle your answer.)

Do you support your patient’s regulated use of cannabis as a medicine?
Yes / No (Please circle your answer.)
If no, please explain why.

Is it your opinion that cannabis benefits this patient’s health?
Yes / No (Please circle your answer.)
If no, please explain why.

Is it your opinion that cannabis use is better for your patient’s health than currently prescribed or over-the-counter medication.
Yes / No (Please circle your answer.)
If no, please explain why.

Is it your opinion that cannabis will not have any serious short term or long terms side effects to your patient?
Yes / No (Please circle your answer.)
If no, please explain why.

Have you researched the potential health benefits of medicinal cannabis for your patient’s medical condition, including the various methods of ingestion e.g., vapourising or consumption?
Yes / No (Please circle your answer.)
If no, please explain why.

GreenCross provides education and support for patients about cannabis and the safest and most effective methods of ingestion.
Do you agree that the benefits of controlled methods of cannabis use for this patient would outweigh any perceived negative effects?
Yes / No (Please circle your answer.)
If no, please explain why.

Are you willing to investigate and analyse the effects of medicinal cannabis on your patient for the purposes of a study in support of your patient’s Application for a Licence to Grow a Prohibited Plant under section 14 Misuse of Drugs Act 1975? (GreenCross will assist and prepare any documentation required for the patient’s daily assessment of symptoms, an example of which can be offered for your approval.)
Yes/No (Please circle your answer.)
If no, please explain why.
THANK YOU for completing Part 2 of this Application to GreenCross NZ in respect of your patient.*

We appreciate both your comments and the time taken to assist your patient.

The information you have provided is evidence of the patient’s doctor’s support of his/her use of medicinal cannabis under Part 1 of Schedule 1 to the Medicines Regulations 1984 and thereby allows full membership status from GreenCross. This status is evidenced by a Patient Identification card which then provides your patient with the exemption allowed for possession and use of cannabis under section 8 of the Misuse of Drugs Act 1975.

By signing this application form you have agreed that every answer you have given is accurate to the best of your knowledge.

All information contained in this form is confidential and subject to the Privacy Act 1993.

__________________________________________________________________________

Doctor’s Full Name

__________________________________________________________________________

Signature

__________________________________________________________________________

Date

May GreenCross NZ recommend you to its future members as a medicinal cannabis doctor in your area? Yes / No (Please circle your answer.)

We wish to advise you of the GreenCross website, Medicinal Cannabis in New Zealand, at http://cannabismedslaw.org/ which hosts medical research and scientific/academic articles about medicinal cannabis. Cannabis is the only known plant to contain cannabinoids and thus is considered a “dietary essential” and supplement to the human endocannabinoid system; its nutritional and health benefits and its positive effect on many medical conditions is clearly documented here in highly regarded medical and scientific journals.

*If you decline to sign this Medicinal Cannabis support form in respect of your patient’s Application for Full Membership of GreenCross, we would be grateful if you would please state your reasons below.
PATIENT INFORMED CONSENT

Name of Patient: _________________________________________

Address: ________________________________________________
_________________________________________________________
_________________________________________________________

“I, the patient named above, am willing to use the cannabis product and treatment prescribed and I am aware that this product has not and will not have been manufactured to pharmaceutical grade nor has it or will it have been approved for distribution as a medicine in New Zealand. I have been fully informed of the potential dangers associated with its use.

I am aware that if the product is abused or diverted then my Application for a Licence to Grow a Prohibited Plant and the Ministry of Health approval is no longer valid.”

_________________________________________________________

Signature of above named patient    Date
Application for a Licence to Cultivate a Prohibited Plant

FORM 1B (Individuals)

Important information
☐ This form is to be used by an individual to make an application to cultivate a prohibited plant.
☐ The applicant must make themselves familiar with the provisions of the Misuse of Drugs Act 1975 and the Misuse of Drugs Regulations 1977.
☐ All sections of the application form must be completed for the application to be considered. During assessment of the application further information may be requested from the applicant.
☐ Information will be shared with other government agencies, for example the New Zealand Police and the Ministry for Primary Industries, as part of the assessment of this application. The Ministry of Health may be required to notify the International Narcotics Control Board (INCB) in accordance with New Zealand’s international obligations.
☐ It is an offence to make a false declaration.

Send the completed application form to:
Medicines Control
Provider Regulation
Ministry of Health
PO Box 5013
WELLINGTON 6145

Applicant

1. Surname or family name of applicant

2. First name(s) of applicant

3. Address:
   Street number and name
   Suburb
   Town/City
   Postcode

4. Contact details:
   Telephone
   email address
5. Prohibited plant intended to be cultivated

Specify reason(s) for cultivation and use of the prohibited plant:

7. Provide a description, address and a geographical plan of the location of the area this application relates to. This must include the legal description and area planted expressed in hectares or square metres.

Note. A separate sheet may be attached to the application if required. The plan should include all buildings and roads, and the location for all activities related to the application

See attached.
8. Is the location for which the licence is sought located within 5km of an area zoned residential or a school zone?
☐ No
☐ Yes

9. The address of the location at which the seed registers, if applicable, will be held.

Seed register and seed storage unit will be within compound

---

**Responsible persons**

_The individual(s) who is/are authorised to control the activities for which the licence is sought, and is/are familiar with, and has/have expertise to comply with the obligations imposed on the licence holder._

14. The following individual(s) are nominated to be responsible persons for the purpose of the licence:

*Note. An application for Police clearance must be completed for each of the individuals listed.*

<table>
<thead>
<tr>
<th>Full name</th>
<th>Address</th>
<th>Date of Birth</th>
<th>Position/Title</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Supporting information**

15. List the individuals who reside or work at the site (who are not already listed as responsible persons in Q14).

*Note. An application for Police clearance must be completed for each individual listed aged 17 years or over.*

<table>
<thead>
<tr>
<th>Full name</th>
<th>Date of birth</th>
<th>Position/ title</th>
<th>Application for Police clearance attached? (Yes/No)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
12. Provide details of the security plan proposed for the cultivation of the prohibited plant that includes:

(i) action to be taken if unauthorised persons venture onto the property
(ii) action to be taken in the event of any theft of the crop
(iii) who will be notified in the event of theft of the crop
(iv) how the crop will be sited so that it is difficult to view by the general public
(v) security for the site e.g. fencing, locked gateways, CCTV
(vi) storage facilities and security for the seeds prior to sowing
(vii) hazard signage to be erected and where signage will be placed
(viii) harvest security arrangements
13. Describe how the harvest will occur and the procedure for disposal of unwanted/unused plant material, the proposed destruction method and record keeping.
14. Describe in detail the arrangements for the crop after harvest.
Eligibility to hold a licence

15. Have you, or any responsible persons held a licence under the Misuse of Drugs Regulations 1977 that has been revoked at any time in the five years immediately preceding the date of this application?
   - No
   - Yes - please give details:

16. Have you, or any responsible persons ever been convicted of:
   (i) an offence against the Misuse of Drugs Act 1975 or any drug-related offence, or
   (ii) a crime involving dishonesty within the meaning of the Crimes Act 1961, or
   (iii) an offence outside of New Zealand that, if committed in New Zealand, would fall within the above specifications?
   - No
   - Yes - please give details:

Declaration

I, [full name of applicant]

of [place] [occupation]  

• agree to make the site open for inspection by authorised persons at all times
• if granted a licence will ensure that each plot is grown within the conditions stated on the licence
• am entitled to use the location(s) specified in this application
• am familiar with and understand the obligations of a licence holder in the Misuse of Drugs Act 1975 and the Misuse of Drugs Regulations 1977
• have enclosed completed applications for police clearance for all individuals listed as responsible persons and individuals who reside or work at the site (age 17 years or over)
• agree to the contents of this application being sent to the Ministry for Primary Industries and the Police for assessment of the information supplied
• agree to provide any further information as required by the Director-General of Health

and declare that the information I have supplied in this application is, to the best of my knowledge and belief, true and correct in every particular. I make this declaration in the knowledge that a person making a false declaration is liable to prosecution under section 15 of the Misuse of Drugs Act 1975.

Signature of applicant

Date