

## CPOP Interstate/Overseas Travel Request

**CLIENT TO COMPLETE. (copy to client and to CPP for Client record)**

I, (Name) \_\_\_\_\_ DOB \_\_\_\_\_

of \_\_\_\_\_

am a client of the WA Community Program for Opioid Pharmacotherapy (CPOP). I am planning to transfer/travel to (*interstate/overseas destinations*) \_\_\_\_\_

\_\_\_\_\_ departing on \_\_\_\_\_ and returning to WA on \_\_\_\_\_.

***\*\*Attach copy of travel documents and itinerary.***

I am seeking the assistance of the Community Pharmacotherapy Program (CPP) in support of these travel arrangements, and understand that all assistance provided to me is offered in good faith. I understand that the Community Pharmacotherapy Program has no pre-existing arrangement or agreement with any overseas jurisdiction and provides no guarantee that arrangements will be successful.

I understand that it is my responsibility

- To contact the relevant consulate/s of the country/countries I intend to visit to ensure that it is legal to import prescribed opioid containing medications for my personal use.
- To comply with all customs and immigration requirements both in Australia and overseas.
- To comply with fluid restrictions on international flights to/from and within Australia.
- To obtain a letter/supporting documentation from my doctor attesting to my treatment.
- To provide accurate and up-to-date information about my travel plans.

The Community Pharmacotherapy Program does not accept responsibility for issues arising before, during or after the course of my travel. I understand that some overseas countries do not allow the importation of any prescribed opioid containing medications.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Witness \_\_\_\_\_ Designation \_\_\_\_\_