



## **APPLICATION for ADVERTISING APPROVAL**

Complementary Medicines & Over The Counter (OTC) Medicines

### **Regulation 5F of the Therapeutic Goods Regulations**

**NB: Giving false or misleading information is a serious offence**

(All information supplied in this form by the applicant must be either typed or be in block capital letters.)

#### **The advertiser or applicant**

<b>Name of Applicant:</b> .....	
<b>Address:</b> .....	
.....	
<b>ABN:</b> .....	
<b>Contact person:</b> .....	<b>E-mail:</b> .....
<b>Telephone Number:</b> .....	<b>Facsimile Number:</b> .....

#### **Sponsor company of the product**

<b>Name of Sponsor:</b> .....	
<b>Address:</b> .....	
.....	
<b>ABN:</b> .....	
<b>Contact person:</b> .....	<b>E-mail:</b> .....
<b>Telephone Number:</b> .....	<b>Facsimile Number:</b> .....

**Product and Advertising Details:**

**Product type** (please tick the appropriate box)  
Complementary Medicine [ ] OTC Medicine [ ]

**Product Name/s** .....

.....

**Or**  
**Product range**.....

.....

Is/are this/these product/s currently on the Australian Register Of Therapeutic Goods (ARTG)  
YES/NO

**AUST L/R Number/s:**  
.....  
.....

**Advertisement Type:** (please tick the appropriate box)  
Poster [ ] Cinema [ ] Outdoor/Billboard [ ] In/On Public Transport [ ]

Magazines/Newspaper [ ] Radio [ ] Television [ ]

Other [ ] please specify .....

**NB: The following documentation must be supplied. Please indicate Yes, No or N/A Checklist**

[ ] Copy of appropriate regulatory documentation is attached:

[ ] Certificate of Listing/Registration.

[ ] Label (enlarged for legibility).

[ ] Current indications of use as entered on ARTG (where applicable).

[ ] Copy of any research/surveys/data mentioned in advertisement  
(Note – further evidence to be provided if requested).

[ ] Copy of documentation supporting authenticated testimonials.

[ ] The advertisement is typed Copy (10 point +), black copy on white background.

[ ] Draft layout or clear description of layout.

[ ] Copy of approval for the use of a restricted/prohibited claim (if applicable).

[ ] Application fee paid.

**APPLICANT DECLARATION**

I, ..... declare that the information contained within this application is true and correct. Total number of pages .....

Signed ..... Date .....

Credit card details..... Expiry date.....

### **Additional information**

This form has been prepared to assist in the process of applying for the approval of advertisements in “specified media” to which Division 2 of Part 2 of the Therapeutic Goods Regulations applies. Clause 3 of the Therapeutic Goods Advertising Code (the Code) provides that applications for approval of therapeutic goods appearing in “specified media” must be approved by the appropriate Advertising Services Manager for compliance with the Code.

### **“Specified media” means:**

- mainstream print media (magazines or newspapers), broadcast media, cinematograph films and displays about goods including posters:
  - in shopping malls ( except inside individual shops); and
  - in or on public transport; and
  - on billboards

### **The Advertising Services Managers are:**

For all advertisements for complementary medicines intended for “specified media”, other than broadcast media:

Advertising Services Office	Tel: (02) 9548 6868
Complementary Healthcare Council	Fax: (02) 6260 4122
PO Box 104	
DEAKIN WEST ACT 2600	

For all advertisements for non-prescription medicines which are not complementary medicines intended for “specified media” and all advertisements for complementary medicines intended for “broadcast media”.

Advertising Services Office	Tel. (02) 9955 7205
Australian Self-Medication Industry	Fax: (02) 9957 6204
PO Box 764	
NORTH SYDNEY NSW 2059	

### **Please note:**

1. Substantiation of all claims must be provided upon request.
2. The relevant Advertising Services Manager may request substantiation of claims (in line with levels of evidence) that the sponsor is required to hold at the time of registration or listing.
3. Notwithstanding the above, further substantiation may also be requested.
4. A claim / indication entered on the ARTG will not automatically be approved as an advertising claim.
5. Advertisements should not be booked for publication prior to approval being granted and an approval number being allocated to the advertisement, or before entry onto the ARTG.

Applications for the approval of an advertisement must comply with the relevant provisions of the therapeutic goods legislation including the *Therapeutic Goods Act 1989*, the Therapeutic Goods Regulations and the Code. Copies of the Code are located on the Therapeutic Goods Advertising Code Council website: [www.tgacc.com.au](http://www.tgacc.com.au)

This form has been approved under Therapeutic Goods Regulation 5F by:

Craig A Davies  
Delegate of the Secretary to the Department of Health and Ageing; and  
Head - Advertising and Export Section  
Non-Prescription Medicines Branch  
Therapeutic Goods Administration  
18 May 2005

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