



Therapeutic Advertising Pre-vetting System Delegated Authority Application Form

Company Name:	_____		
Member of ANZA:	<input type="checkbox"/> yes	<input type="checkbox"/> no	(Please tick appropriate box)
Delegated Authority:	_____		
Position:	_____		
Postal Address:	_____ _____ _____		
Phone:	_____	Mobile:	_____
DDI:	_____	Email:	_____
Advertising Agency(ies):	_____ _____		
Signature of Delegated Authority:	_____		
Name of Company Director or CEO:	_____		
Signature of Company Director or CEO:	_____		
Date:	_____		

Approved by ANZA:

**Therapeutic Advertising Pre-vetting System (TAPS)
Delegated Authority Application Form**

Please describe the processes in place for your organisation	
Qualifications	List your relevant qualifications and experience
Purpose for DA	List the types of advertising you intend to give a DA approval for, and the type of product, OTC medicine, Prescription medicine, complementary or medical device
Responsible People	List the responsible people within your organisation who can sign off on DA approvals
Training undertaken	List the training courses attended

PLEASE RETURN FORM TO:

Association of New Zealand Advertisers Inc; P O Box 9348, Newmarket, Auckland 1149
Ph: 64 9 300 5932 Fax: 64 9 300 5931 Email: anza@anza.co.nz

In house documentation	Summary of the in house documentation
Job Description	List title of job and attach a job description to the application
Standard Operating Procedures	List the SOP's you will be using for your DA process
- Review	
- Compliance with Codes and legislation	
- Audit Trails and sign off	
- Decision Flow Chart	
- Processes	
- TAPS referral process	
- Agency briefing process	
- TVCAB process	
- Update and review of SOPs	
- ASCB decisions	
- Internal audit	Outline the process for your internal audit
Reference Material	List the reference material you will be using
Date of Preparation	

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