

OFFICIAL



NSW Police Force



NSW  
GOVERNMENT

# HEALTH RISK ASSESSMENT

FOR THE USE OR POSSESSION  
OF FIREARMS IN NSW

OFFICIAL

# Document Control Sheet

## DOCUMENT PROPERTIES

Title:	Health Risk Assessment
Subject:	For the Use or Possession of Firearms in NSW
Command responsible:	Firearms Registry
Authorisation:	Commander –Firearms Registry
Security Classification:	Official
Publication date:	October 2024
Current version number:	1.0
Review date:	October 2025
Document RMS number:	D/2024/1236898
Linked RMS folder	F/2023/2242
Copyright statement	© Crown in right of NSW through NSW Police Force 2024
Suitable for Public Disclosure	Yes

## DOCUMENT MODIFICATION

Version approval date	Summary of changes
1.0	First Version Release

# Health Risk Assessment

## APPLICANT INFORMATION

To be completed by the applicant.

Given name/s

Surname

Date of Birth (dd/mm/yy)

## APPLICANT INFORMATION

I (Print full name)

authorise the medical practitioner/s named below to provide information to the NSW Police Force regarding my medical information. I also authorise the NSW Police Force to contact the medical practitioner/s listed below to exchange relevant written and verbal information, should it be required.

Medical practitioner's name/s

Applicant Signature

Date (dd/mm/yy)

## APPLICANT INFORMATION

I (Print full name)

have provided a complete and detailed history to the medical practitioner/s of any past symptoms or diagnoses of mental or neurological conditions.

I (Print full name)

have reported to the medical practitioner/s any past instances of threats, thoughts, actions, or behaviours associated with self-harm, suicide, or violence towards others as they may be relevant to the assessment of my suitability to hold a firearms licence.

Understand that making a statement or providing information that I know to be false or misleading, is an offence under Section 70 of the *Firearms Act 1996*.

Applicant Signature

Date (dd/mm/yy)

**MEDICAL INFORMATION**

**To be completed by the medical practitioner.**

**Please provide the following information:**

Have you been provided access to at least 5 years of the applicant’s documented medical history?

Yes  No

If “No”, do you have sufficient information and knowledge of the applicant to accurately assess their fitness to possess and use firearms

Yes  No

If you have access to less than 5 years of the applicant’s documented medical history, how long have you been treating the applicant?

*If you have responded “No” to the above questions do not proceed with the remainder of the Health Risk Assessment.*

**Does the applicant have a history of any of the following:**

Depression or anxiety

Yes  No

Acute stress or trauma related disorder e.g., post-traumatic stress disorder

Yes  No

Obsessive-compulsive or related disorders

Yes  No

Dementia

Yes  No

Epilepsy

Yes  No

A personality disorder e.g., borderline personality disorder

Yes  No

Mania, bipolar disorder, schizophrenia, or a psychotic illness

Yes  No

Alcohol-or-drug-related dependency

Yes  No

Parkinson’s or Huntington’s diseases

Yes  No

Serious Head Injury

Yes  No

Threats, thoughts, actions, or behaviours associated with self-harm, suicide, or violence towards others

Yes  No

Any other emotional, neurological, or physical condition, or combination of conditions, which may affect the safe use or possession of firearms.

Yes  No

**MEDICAL INFORMATION**

Before completing the risk assessment, please ensure you have read and understood the NSW Firearms Health Risk Assessment - Guidance for Health Practitioners. Developed in consultation with industry representatives and health professionals, these guidelines will assist in evaluating an individual’s suitability to safely possess and use firearms.

Please respond to each question in the space provided or by way of an attachment including the corresponding question number. Failure to adequately respond to any of the questions may result in the application for a firearms licence being refused.

Further comments / information regarding the applicant’s medical condition/s is attached

**RISK ASSESSMENT**

1. Describe the nature and history of the conditions identified in the above *Medical Information* section. Include the course, severity, treatment, and any other information used to evaluate the condition which could be relevant to the applicant's fitness to hold a firearms licence.

The list of conditions contained in the *Medical Information* section is not intended to be exhaustive. Please consider all psychological, neurological, or physical conditions which may affect the individual's safe use or possession of a firearm, now or in the future.

**RISK ASSESSMENT**

2. Has the applicant reported any past incidents of suicidal ideation or attempts? If so, provide details.

3. Has the applicant previously deviated from a prescribed course of action or medication? When, and how often?

4. If the applicant is currently taking any medication, prescription or over the counter, does it have the potential to impair their alertness or cognitive ability?

**RISK ASSESSMENT**

5. Does the applicant's medical condition, diagnoses, or history predispose them to any of the following behaviours (provide details):

- I. Suicidal ideation or attempts
- II. Uncontrolled anger
- III. Violence

6. If the applicant were to deviate from their current prescribed course of action or medication would this increase their risk of suicidal ideation or attempts, uncontrolled anger, or violence?

**RISK ASSESSMENT**

7. Do you have any other information you believe may be relevant to police in determining whether the applicant will safely possess firearms including their ability to store, secure, handle or control a firearm safely, posing virtually no risk to themselves or the public?

8. How would you otherwise describe the current condition of the applicant's health in relation to their application for a firearms licence?

9. Has the applicant demonstrated knowledge of their requirements and insight into the potential effects of their condition on holding a firearms licence?



ASSESSMENT BY MEDICAL PRACTITIONER

To the extent that you are aware of their mental, neurological, or physical conditions:

The applicant is fit to possess firearms without risk to the safety of themselves or others

The applicant is fit to possess firearms without risk to the safety of themselves or others subject to ongoing medical review

The applicant is not presently fit to hold a firearms licence

The applicant has been referred to a psychiatrist or psychologist for further assessment

If, based on your present assessment the applicant conditionally meets the criteria to hold a firearms licence subject to ongoing treatment, medication, or reviews, please provide any additional information necessary to support this assessment.

Medical practitioner's details

Medical practitioner's name

Practitioner's address

Phone

Email

Medical practitioner's signature

Date (dd/mm/yy)

