



# Private Hospitals and Health Services Act 1927 Notification of appointment – licence holder, senior management form

## Appointment of Senior Management

### Private Psychiatric Hostels

Annexure A (Additional Licence Terms and Conditions) – 1. A.4 Change in Management mandates that where there is a change of senior management personnel (i.e. Licence Holder, Chief Executive Officer or Facility Manager) the Licensing and Accreditation Regulatory Unit is to be notified of the updated name and contact details within 7 working days.

Name of facility

Address of facility

Senior Management Role

Licence Holder (LH)

Chief Executive Officer (CEO)

General Manager (GM)

Facility Manager (however titled)

If other, add role title:

Note any person responsible for the day to day operations of the hostel must also hold an Approved Supervisor Certificate

First name and prefix (Dr/Mr/Miss/Ms/Mrs)

Surname

Phone (direct)

Mobile

Email address

Date of appointment

Is this a temporary or permanent appointment?

temporary

permanent

If temporary, provide expected finish date

/ /

Is the appointee replacing an existing person in the role? If yes, provide details	
Name of person being replaced	
Position	
End date	
Reason	

Name of person completing form	
Signature	
Date	

**Send completed form and curriculum vitae (CV)**

Attach the CV of the appointee, clearly outlining academic and professional qualifications, employment history, positions held and levels of responsibility.

Send this completed form and CV to the Licensing and Accreditation Regulatory Unit – [LARULicensing@health.wa.gov.au](mailto:LARULicensing@health.wa.gov.au)

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