Government of **Western Australia**
Department of **Health**
Licensing and Accreditation Regulatory Unit

Class A or B private day hospital new licence application form

Instructions

The following application package relates to the application for a licence under the *Private Hospital and Health Services Act 1927*, that being:

The application form has 6 sections:

Section A	Demographic information
Section B	Proposed functionality of facility
Section C	Assessment of the licence applicant
Section D	Assessment of the premises
Section E	Assessment of the arrangements for management, staffing and equipment
Section F	Accreditation

Each section must be completed. To ensure validation by licence applicant, signatures are required throughout the application.

The following documents will assist you to complete your application:

1. Licensing Standards for Assessing the Suitability of a Licence Applicant or a Licence Holder
2. Class A or B Licensing Standards for the Arrangements for Management, Staffing and Equipment
3. WA Health Facility Guidelines for Engineering Services
4. WA Health Facility Guidelines for Architectural Requirements

A non-refundable prescribed fee will be issued upon receipt of the application.

These fees are as scheduled:

- Fewer than 25 persons to be accommodated $ 8,960.00
- 25 – 100 persons to be accommodated $10,110.00
- 101 – 200 persons to be accommodated $13,110.00
- 201 – 500 persons to be accommodated $16,110.00
- More than 501 persons to be accommodated $19,110.00

On completion of the application package, please email LARULicensing@health.wa.gov.au , to notify them and an invitation will be sent to you to join MyFT (a document sharing site). A set of instructions will also be sent to you to show you how to upload /download application documents to return them to the LARU electronically.

Additional information can be viewed on the Licensing and Accreditation Regulatory Unit website at http://www.health.wa.gov.au/private_licensing

Government of **Western Australia**
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Section A: Demographic information

Licencing applicant/company/individual/firm/partnership/statutory body

Name of licence applicant:

Mobile: Email:

Anticipated date you require your licence: / /

Please note: A minimum of 30 days is required to process your licence application

Facility details

Name of facility:

Facility address: Suburb:

State: Post code:

Phone: Email:

PO box no: Suburb: Post code:

ABN: ACN:

Chief Executive Officer/General Manager (however titled)

Salutation: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Prof

First name: Last name:

Position title:

Phone: Mobile:

Email:

Section A: Demographic information

Director of Nursing (however titled)

Salutation: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Prof

First name: Last name:

Phone: Mobile:

Email:

Medical Director (however titled)

Salutation: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Prof

First name: Last name:

Phone: Mobile:

Email:

Section A: Private day hospital clinical specialties form

Please tick types of anaesthesia to be provided

- ☐ General anaesthesia
- ☐ IV sedation
- ☐ Local anaesthesia
- ☐ Other

Surgery *only tick if you conduct these surgeries

Cosmetic	Ear nose throat	Minor gastrointestinal	Minor gynaecological
Minor general	Hand	Laser/lasik	Oculo – plastics
Orthopaedic	Oral maxilla/facial	Otolaryngologic	Ophthalmic
Paediatric	Urological	Varicose veins	

Procedures *only tick if you conduct these procedures

Assisted reproductive	Cardiac – interventional	Colonoscopy	Dental
Embryo transfers	Endoscopy	Gamete collections	Gastroscopy
Minor gynae	Pain management	Vasectomy	

Treatments *only tick if you offer these treatments are provided to **in-patients**

Chemotherapy

Other (please add if not captured by previous categories stated for in-patient care only)

I confirm these services are provided at this facility

Name: Position:

Signature Date: / /

Please note: All items ticked will be reflected on your Licence

Section A: Maximum number of patients to be treated

Proposed number of patients

These figures will be used to determine the maximum number of patients that can be treated at any one time and the number of beds/chairs that you will be licenced for.

Please refer to the definition of a 'bed'

Beds	Area	Number of beds
In-patient beds (23hr stay only)	Overnight beds only	
	Total number of beds	**X=**
In-patient	Chemotherapy chairs	
	Holding bay trolleys/chairs	
	Recovery trolleys/chairs	
	Discharge chairs	
	Total number of trolleys and chairs	**Y=**
Maximum number of patients treated (X + Y)=		

Declaration – Licence holder/authorised delegate

I declare that the above information regarding maximum beds and numbers of patients treated at any one time is correct

Name: Position:

Signature: Date : / /

Section B: Proposed functionality of facility

In assessing an application for a private hospital licence, the Director General of Health has a duty to approve the licence applicant, the premises and the arrangements for management, staffing and equipment. The 'Proposed functionality of facility' provides vital information that is utilised by the Director General when determining whether to grant an applicant a licence.

The proposed functionality of facility should be no more than 3 pages and it should articulate the functionality of the organisation. The intention is not to duplicate matters that are submitted in your licence application but to provide a snapshot of the functions that will be carried out within the premises to be approved.

Please attach your proposed functionality of facility which briefly outlines the following points:

The application form has 5 sections:

General information

- Name of licence applicant/owner/company/firm/partnership/statutory body
- Name of facility
- Address of facility
- Primary function of the facility – the normal or intended activities of the facility
- The reason/rationale for the service
- Service philosophy/scope of the service/proposed level of service
- Model of care provision
- Days and hours of operation
- Funding mechanism: for profit/not for profit/other

Clinical services

- Medical and surgical specialties, procedures, treatments, psychiatric and psychological services to be provided
- Anticipated through-put e.g. number of beds, maximum number of patients treated at any one time, intended through-put for each specialty, area.
- Approximate average number of in-patients per day.
- Referral mechanisms. e.g. specialist
- Intended age range of patients where relevant:
  - adults age 18 years and over
  - paediatrics
    - neonates
    - infants/toddlers
    - children
    - teens

Section B: Proposed functionality of facility

Building

- Building Classification (BCA)
- Age of facility
- Anticipated life of facility
- Provide electronic copies of floor plans that are appropriately labelled
- Advise if there will be phased building works, planned time frames, how services will be maintained (if required), temporary accommodation requirements and how patients will be managed during building works

Staffing

- Intended staff mix and staff to patient ratio per area/specialty
- Support staff

Support services

- Asset management
- Ambulance access
- Car parking
- Equipment and infrastructure
- Facility maintenance
- Food services
- Infection control
- Information technology/communications
- Fire and security
- Laundry and linen
- Sterile supplies
- Security
- Transport – access to public transport
- Waste management

Section C: Assessment of licence applicant

Part of the assessment of an application for a licence involves a determination that the licence applicant satisfies the requirements. Refer to the Licensing Standards for Assessing the Suitability of a Licence Applicant or a Licence Holder.

The licence applicant is required to provide the following: (please tick if submitted)

- ☐ Demographic information
- ☐ Birth certificate/s
  - If name has changed since birth certification, legal documentation of change to be provided. (E.g. certified deed poll, marriage certificate etc.)
- ☐ Copies of:
  - the certificate of statutory body number if applicable
  - the specific legislation of incorporation
  - any change of identity.
- ☐ Character references: one for each person charged with management responsibility under the relevant legislation
- ☐ Current (dated within 6 months of application date) national police certificate for each person charged with management responsibility under the relevant legislation
- ☐ Licence applicant's character and reputation declaration
- ☐ Primary financial institutional financial reference
- ☐ Independent accountant financial certification
- ☐ Licence applicant's financial declaration
- ☐ Copies of certificates of currency for the following classes of risk, including the amount of insurance cover:
  - professional indemnity
  - medical malpractice
  - building or industrial special risks
  - public liability
  - workers compensation, or if a self-insurer.
- ☐ Details of the operational management team, that being:
  - Positions that include General Manager, Chief Executive Officer, Director of Nursing and Medical Director
  - Current CV or resume.
- ☐ Operational management teams competency declarations
- ☐ Written information of any outstanding criminal charges, convictions (other than spent convictions) made against them or anyone involved in the management of the facility.
- ☐ Written documentation (details and outcome) of any breaches of the *Corporations Act 2001* (or any other Act administered by the Australian Securities Investments Commission) or the *Trade Practices Act*.
- ☐ Written documentation (details and outcome) of any referrals or complaints by any professional registration board or association
- ☐ Written information (details and outcome) on any person involved in the management or ownership of the facility being declared bankrupt

Section C: Assessment of licence applicant

Demographic information

Name of company/individual/firm/partnership/statutory/corporate body:

ACN: ABN:

Business address:

Suburb: Post code: State:

PO box: Post code: State:

Phone: Mobile:

Email:

Name of licence holder

Salutation: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Prof

First name: Last name:

Position title:

Mailing address:

Suburb: Post code: State:

Phone: Mobile:

Email:

Section C: Assessment of licence applicant

Nominated authorised delegate (if applicable)

Salutation: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Prof

First name: Last name:

Position title:

Mailing address:

Suburb: Post code: State:

Phone: Mobile:

Email:

Section C: Assessment of licence applicant

Names of board members/company directors/other (if applicable)

Note: Please provide current national police certification for each person

Names		Date commenced	Term of office
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Section C: Assessment of licence applicant

Licence applicant financial declaration

Explanatory note: The person signing this declaration must be either the licence applicant or a person authorised by the licence applicant.

I declare that

Name of the company/individual/firm/partnership/statutory body

1. has sufficient material and financial resources available to comply with the requirements of the *Private Hospitals and Health Services Act 1927* (WA)
2. I am duly authorised to make this declaration
3. the information contained in this application is true and correct. I understand that if it is subsequently established that any information provided is not true and correct, any licence issued may be suspended or revoked.

Name: Position:

Signature: Date : / /

Section C: Assessment of licence applicant

Independent accountant – financial certification

Explanatory note: The person signing the declaration must be a Certified Practising accountant (CPA), and be a member of the CPA Australia and independent to licence applicant.

I,

Name and qualifications of accountant

of

Name and address of firm

having reviewed the financial records of

Name of company/individual/firm/partnership/statutory body

Declare that

Name of company/individual/firm/partnership/statutory body

1. has sufficient material and financial resources available to comply with the requirements of the *Private Hospitals and Health Services Act 1927* (WA)
2. has, and will continue to have, the financial capacity to operate the facility and to pay its debts as and when they fall due.

Name: Position:

Signature: Date : / /

CPA Australia membership number:

Phone: Mobile:

Email:

Section C: Assessment of licence applicant

Primary financial institution – financial reference

Please provide the following information on your company or financial institution letterhead.

I, (name) _____

in my capacity as (title) _____

for (name of primary financial institution) _____

located at (address) _____

1. has maintained a business account at the above-mentioned financial institution since: enter a date
2. during this time, they have conducted their accounts in a satisfactory manner
3. in accordance with the terms and conditions of the accounts.

Name: _____ Position: _____

Signature: _____ Date _____ / _____ / _____

Section C: Assessment of licence applicant

Independent accountant financial certification

The person completing and signing this declaration must:

Be a fully qualified accountant and hold full (not associate) membership of one of the following;

a. CPA Australia
b. Chartered Accountants Australia and New Zealand (CAANZ)
c. Institute of Public Accountants (IPA)
d. hold a public practice certificate (PPC)
e. independent to licence applicant

Please sign the declarations below attesting to (i) and (ii).

I,

Name and qualifications of accountant

of

Name of company/individual/ firm/partnership/statutory body

Having reviewed the financial records of

Name of company/individual/ firm/partnership/statutory body

Declare that

Name of company/individual/ firm/partnership/statutory body

1. has sufficient material and financial resources available to comply with the requirements of the *Private Hospitals and Health Services Act 1927* (WA)
2. has, and will continue to have, the financial capacity to operate the facility and to pay its debts as and when they due.

Name: Position:

Signature: Date : / /

Phone: Mobile:

Email:

Section C: Assessment of licence applicant

Declaration:

I declare that:

a. Hold current and full membership of

(enter one of CPA, CAANZ or IPA).

b. Hold a current public practice certificate (PPC).

Name: Position:

Signature: Date : / /

Section C: Assessment of licence applicant

Operational management team competency declaration

Explanatory note: A declaration must be completed for each of the following – Chief Executive Officer, Director of Nursing and the Medical Director. (however titled)

I,

Name

of

Name of the facility

in my capacity as the

Position title

Declare that:

- I have no charges or convictions of a criminal offence
- I have no referrals or complaints by any professional registration board or association
- I understand the duties and obligations to conduct the facility.

Name:

Signature: Date : / /

Licence applicant name:

Signature: Date: / /

Section C: Assessment of licence applicant

Document check list

Once you have completed the application, please notify the LARU via LARULicensing@health.gov.wa.au

You will be sent an invite of join MyFT (document transfer platform). A set of instructions will also be provided to assist you with the upload and download of documents electronically.

Please tick if submitted:

- ☐ Functional brief
- ☐ Birth certificate
- ☐ Character references
- ☐ National police clearances
- ☐ Financial declarations
- ☐ Insurances
- ☐ Corporate organisational and committee charts
- ☐ Additional information

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Section D: Ownership of premises

Part of the assessment of an application for a licence involves a determination that the premises are approved. Refer to the Building Guidelines.

You are required to advise on the following:

1. The licence applicant is owner of the premises
   ☐ (if yes, sign declaration for ownership)
2. The licence applicant is purchasing the premises
   ☐ (if yes, sign declaration from an existing licence holder)
3. Licence applicant is leasing the premises
   ☐ (if yes, sign declaration for lease of premises)

Ownership of premises declaration

Explanatory note: The person signing this declaration must be either the licence applicant or a person authorised by the licence applicant.

I,

(Insert name)

of

(Insert address)

declare that:

1. the licence applicant has ownership of the premises of the licensed private health facility.
2. the information contained in this declaration is true and correct. I understand that if it is subsequently established that any information provided is not true and correct, any licence issued may be suspended or revoked.
3. I am duly authorised to make this declaration.

Name

Position

Signature Date: / /

Section D: Ownership of premises

Purchasing premises from existing licence holder

Explanatory note: The person signing this declaration must be either the licence applicant or a person authorised by the licence applicant.

I,

Insert name

of

Insert address

in the position of

Declare that:

- I have discussed the proposed date of transfer with the current licence holder
- The current licence holder and I have agreed the premises will be sold and the business handover will occur

on or about / /

Insert date

- I am aware and I have advised the current licence holder that the Licensing and Accreditation Regulatory Unit may require this date to change due to assessment of the licence application
- The information contained in this declaration is true and correct. I understand that if it is subsequently established that any information provided is not true and correct, any licence issued may be suspended or revoked.
- I am duly authorised to make this declaration.

Name:

Position:

Signature: Date: / /

Section D: Ownership of premises

Leasehold of premises declaration

Explanatory note: The person signing this declaration must be either the licence applicant or a person authorised by the licence applicant.

I,

Insert name

of

Insert address

In the position of

Insert position

Declare that:

The owner of the building is

Insert name

of

Insert address

Mobile:

Email:

- Where the licence applicant has entered into, or plans to enter into, a leasing arrangement for both the building and the land or either the building or the land, the terms of the leasing arrangement ensures, or will ensure, that the licence applicant will comply with all the provisions of the *Private Hospitals and Health Services Act 1927*, including the possession of a lease that allows all necessary building works to be undertaken in compliance with the Private Hospital Guidelines, associated regulations, codes and standards, as amended from time to time. Where the terms of the lease conflict with the requirements of the *Private Hospitals and Health Services Act 1927*, the *Private Hospitals and Health Services Act 1927* will prevail.
- The information contained in this declaration is true and correct. I understand that if it is subsequently established that any information provided is not true and correct, any licence issued may be suspended or revoked.
- I am duly authorised to make this declaration.

Name: Position:

Signature: Date: / /

Section D: Ownership of premises

Assessment of the premises

What is your proposed date for occupation? / /

Explanatory note: The proposed date for occupation, is the date the first patient is admitted. Therefore, the date you require the Licence to be issued.

Advise on the status of your building:

- ☐ 1. Currently occupied
- ☐ 2. Ready for occupation
- ☐ 3. Requiring renovation prior to occupation
- ☐ 4. To be built prior to occupation
- ☐ 5. Currently being built for occupation

If you have ticked 1 or 2, the following is required:

a) Plans of the facility

b) A schematic fire and emergency evacuation plan

If you have ticked 3, 4 or 5, the following is required:

The licence applicant is required to contact the Licensing and Accreditation Regulatory Unit (LARU) (6373 2347) to arrange a meeting with the LARU Manager/Building Team to discuss the building approval process.

Once your application is completed, please notify the Licensing Team via email LARULicensing@health.wa.gov.au A link to MyFT will then be sent to you along with instructions on how to upload your application documents electronically.

Please tick if submitted:

- ☐ Current floor plans
- ☐ Fire evacuation plan

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Section E: Assessment of arrangements for management, staffing and equipment

Part of the assessment of an application for a licence involves a determination that the arrangements for management, equipment and staffing are satisfactory. Refer to the Licensing Standards for the Arrangements for Management, Staffing and Equipment.

You are required to provide the following:

1. Two organisational charts

- Corporate organisational chart showing the relationships between the company/licence holder and the facility
- Facility organisational chart

2. Facility committee structure:

Provide a diagrammatic committee structure – this must include:

- Medical Advisory Committee, Credentialing Committee, Occupational Health and Safety, Quality, and Infection Control
- Demonstrate the lines of communication and the reporting mechanism

3. Staffing

- Document the number of staff and identify the type of staff (clinical and non-clinical) in each area and speciality (including non-clinical areas and procedural/theatre areas)
- For clinical staff include staff to patient ratio

Please note: The information requested is the minimum requirement to enable an assessment to take place. The risk remains with the licence applicant if the information provided is in any way deficient.

Once application is completed, please notify the Licensing Team via LARULicensing@health.wa.gov.au

A link to MyFT will then be sent to you along with instructions on how to upload your application documents electronically.

Please tick if submitted:

☐ Corporate organisational chart

☐ Facility organisational chart

☐ Facility committee chart

☐ Staffing

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Section F: Accreditation

All public and private hospitals including Class A day hospitals as defined in the *Private Hospitals and Health Services Act 1927* and associated Licensing Standards are required to achieve and maintain accreditation to the National Safety and Quality Health Service Standards. The Licensing and Accreditation Regulatory Unit (LARU) is responsible in ensuring that these class of private hospitals maintain Accreditation and reports in accordance with the LARU requirements.

The form applies to **private hospitals class A**

The accreditation registration form has two parts:

Part 1 Demographic information

Part 2 Accreditation information
Declaration of licence holder/authorised person

Each section must be completed. To ensure validation, the form requires the signature of the licence holder or authorised person.

Once the application is completed, please notify the Licensing Team via LARULicensing@health.wa.gov.au .
An invitation to join MyFT will be emailed to you along with a set of instructions on how to upload/download application documents electronically.

If you require any clarification about the Accreditation Registration Form, please contact the Licensing and Accreditation Regulatory Unit (LARU) on 6373 2347 or via LARUAccreditation@health.wa.gov.au .

Section F: Accreditation registration form

Demographic information

Main contact person for accreditation

Name:

Position:

Mobile: Email:

Accreditation information

Accrediting agency:

Phone: Email:

Contract start date: / / Expiry date: / /

Accreditation status:

☐ Accredited 2nd Edition of the NSQHS Standards

☐ Accreditation pending

☐ Not yet accredited to the 2nd Edition of the NSQHS Standards

Accreditation certification start date: / / Expiry date: / /

Accreditation programme	
My last organisation wide assessment was on the:	/ /
My current certification to the 2nd Edition NSQHS Standards expires on:	/ /

Licence holder declaration

I declare as the ☐ licence holder or ☐ authorised delegate that:

1. The information contained in Parts 1 and 2 of the registration form is true and correct; and
2. I am duly authorised to make this declaration

Name: Position:

Signature: Date: / /

This document can be made available in alternative formats on request for a person with disability.

Produced by Licencing and Accreditation Regulatory Unit

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