Crown exemption application form

Part 17 Division 2 of the Public Health Act 2016 (WA)

CROWN AUTHORITY DETAILS		
Crown authority		
Responsible authority or department		
(if different to Crown authority)		
Responsible minister		
CONTACT DETAILS		
Applicant name		
Position title		
Contact number		
Contact e-mail		
Department or organisation		
EXEMPTION DETAILS		
Property address		
(Please attach a map if exemption does not apply to a single premises)		
Local government authority/authorities		
Local government authority/authorities consulted about this	□ YES □ NO	
application?		
Requested length of exemption ¹		
Which provisions of the Public Health Act ² and/or regulations is the	applicant seek	ing exemption
from? (Please provide details for each provision)		

¹ Exemptions may be issued for a period of up to ten years.

² Exemptions cannot be issued for Part 9, 11, 12, 15, 16, 18 or 19 of the *Public Health Act 2016* (WA).

How does the Crown authority breach the provisions of the Public Health Act and/or regulations?
(Please provide details for each provision including details of the public health risk and any risk
assessment undertaken ³)
Reasons impacting the Crown authority's current ability to comply with the provisions of the
Public Health Act and/or regulations? (Please provide details for each provision i.e. costs, lack of
resources, preferred date for completion of the action, other)
Describe the remediation/activity required to comply with the provisions of the Public Health Act
and/or regulations, including timeframes. (Please provide details for each provision e.g. activity, costs,
resources required or refer to draft compliance plan)

³ Department of Health, Heath Risk Assessment (Scoping) Guidelines available at https://www.health.wa.gov.au/~/media/Files/Corporate/general-documents/Environmental-health/Health-riskassesment/HRA-Scoping.pdf.

COMPLIANCE PL	AN DETAILS				
Is a draft compliand	ce plan attached?4	☐ YES		□ NO	
Has the Chief Heal	th Officer (CHO) been consulted for this	□ YES	□ NO	□N/A	
draft compliance pl	an?			LINA	
ADDITIONAL DET	All C (D)				
ADDITIONAL DET	AILS (Please provide any additional comments)				
ATTACHMENT DE	TAILS (Please list all attachments below)				
SIGNATURE					
Applicant					
Signature		_			
Applicant name		Date			
Submit completed Crown exemption application forms to the Department of Health – Office of the Chief Health Officer.					

E-mail: oadg.pahd@health.wa.gov.au

Hardcopy mail: Office of the Chief Health Officer

PO Box 8172

Perth Business Centre Perth WA 6849

Australia

⁴A draft compliance plan is not mandatory for a Crown exemption application but may support the application to justify a requested exemption period. If an exemption is issued, a compliance plan may be required as an attached condition. In this case, Chief Health Officer consultation will be required prior to approval of the compliance plan by the Minister for Health.

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