

Application for Transfer of a Licence for a Private Health Facility

(*Private Health Facilities Act 2007*, section 15)

When to use this form

This form is for applicants (individuals or companies) who wish to take over the conduct of a private health facility with the consent of the licensee of the facility. If you wish to apply for a licence for a new private health facility, renew or amend an existing licence or make application for alterations or extensions to a licensed facility you should use another form.

Approval process

All applicants should familiarise themselves with the *Private Health Facilities Act 2007* (PHFA) and the *Private Health Facilities Regulation 2010* as all applications are assessed against that legislation.

The applicant must satisfy the Secretary, NSW Health that he or she is a fit and proper person to be a licensee or, if the applicant is a corporation, a director or a person concerned in the management of the corporation is a fit and proper person to be a licensee and that the facility is capable of being conducted by the applicant in accordance with the licensing standards.

The approval process will take approximately three months from the date the NSW Ministry of Health receives the completed application. Further information about timeframes for the approval process can be found on the "Licensing of Private Health Facilities" page of the website.

Once the fitness and probity checks have been completed the licence will be issued subject to confirmation of settlement of the transfer and any conditions imposed.

Payment

The prescribed application fee for the transfer of a licence for a private health facility is \$3,801. Payment can be made by EFT, see EFT form for details, or cheque made payable to NSW Ministry of Health. If paying by EFT on date of payment please send email as requested on the EFT form. Cheques should be included with the completed form.

Please return the completed form together with the required documents to the address as below.

**Private Health Care Unit Legal
and Regulatory Services NSW
Ministry of Health Locked Mail
Bag 961
NORTH SYDNEY NSW 2059**

Application for Transfer of a Licence for a Private Health Facility

(Private Health Facilities Act 2007, section 15)



SECTION A

Applicant details		
Full name of applicant: (Individual person or company)		
Postal address:		
Suburb:	State:	Postcode:
Details of the contact person (contact person on behalf of the applicant and in what capacity)		
Full name:	Position:	
Address:		
Suburb:	State:	Postcode:
Phone:	Fax:	Email:

SECTION B

Private health facility details		
Private health facility name:		
Address:		
Suburb:	State:	Postcode:
The applicant(s) is/are/will be Owner(s) <input type="checkbox"/> Lessee(s) <input type="checkbox"/> of the private health facility. Please √ the relevant box.		

SECTION C

Documents and information to be included with this application
<p>1. In the case of application by a corporation, a full company extract (certificate of incorporation) from the Australian Securities and Investment Commission (ASIC) is required that shows the following:</p> <ol style="list-style-type: none"> the address of the registered office of the corporation; and the full name, date and place of birth, residential address and position of: <ol style="list-style-type: none"> each current director of the corporation, the principal executive officer of the corporation, the secretary or, if there is more than one, each secretary of the corporation.
<p>2. If the applicant is a church or religious organisation or incorporated association:</p> <ol style="list-style-type: none"> a copy of the certificate of incorporation or, if the corporation is incorporated by an Act, a copy of the Act incorporating the church or organisation.
<p>3. Statutory Declaration Form completed by each person who is an applicant or each officer of the organisation (as defined under the <i>Corporations Act 2001</i>) applying for transfer of this licence. Please ensure that all sections of the Form are completed and strike out and initial where not applicable.</p>
<p>4. Fitness and Probity Check Form completed by each person who is an applicant or each officer of the organisation (as defined under the <i>Corporations Act 2001</i>) applying for transfer of this licence.</p>
<p>5. National Criminal Record Check in the form of a National Police Certificate for each person who is an applicant or each officer of the organisation (as defined under the <i>Corporations Act 2001</i>) applying for transfer of this licence.</p> <p>A National Police Certificate (NPC) issued within the last three years <u>and</u> the person has signed a declaration that they have not been charged or convicted of any offences since the date of the NPC. A National Criminal National Police Check can be obtained through:</p> <ul style="list-style-type: none"> CrimTrac (www.crimtrac.gov.au) NSW Business Link NSW Police and Australian Federal Police
<p>6. A completed Statement by an Independent Certified Practising Accountant or Chartered Accountant Form attesting to the financial capacity of the applicant.</p>

Documents and information to be included with this application

7. A completed Statement by the Parent Company Form, if a Parent Company exists.
8. A copy of the certificate of registered of business name of the private health facility from ASIC.
9. If the private health facility is leased, a copy of the lease with a description of the proposed leases agreement.
10. If the private health facility is owned, provide evidence of ownership.
11. A copy of the current development application or approval with/by the applicable consent authority, or certification from an authorised certifier, for the use of the premises as a Building Code of Australia (BCA) Class 9(a) health care building.
For premises used for chemotherapy or renal dialysis class treatment accommodating day only patients then a development application or certification for use of the premises as a BCA Class 5 building applies.

SECTION D**Declaration by applicant or agent on behalf of applicant**

If signing on behalf of the applicant please state in what capacity.

I declare that all the information I have given on this application form is true to the best of my knowledge and belief.

I enclose the prescribed application fee.

Print Name:

Position:

Signature:

Date:

SECTION E**Declaration by the current licensee**

I/We agree to the transfer of the licence to the above named applicant(s).

Print Name:

Position:

Signature:

Date:

Please return the completed form together with the required documents as listed in Section C to the address as below. If paying by EFT on date of payment please send email as requested on the EFT form. Cheques should be included with the completed form:

**Private Health Care Unit Legal and
Regulatory Services
NSW Ministry of Health
Locked Mail Bag 961
NORTH SYDNEY NSW 2059**