

Privacy statement – please read carefully

We are collecting your personal information under authority of the *Private Health Facilities Act 1999* (Qld) (PHF Act). Queensland Health manages your personal information in accordance with the PHF Act and the *Information Privacy Act 2009* and Privacy Principles. The information is being collected for the purposes of exercising our statutory functions and activities and to ensure that risks arising from the provision of healthcare in a licenced private hospital are appropriately managed. We may receive information about you from a third party. If this information is relevant to our work, we will take reasonable steps to notify you of certain matters about this information. All personal information is securely stored and only accessible by Queensland Health. Your personal information will not be disclosed to any other third parties without consent unless the disclosure is authorised or required by law. If you provide us with the personal information of a third party, please ensure you have the consent of the individual concerned before sharing it with us. For information about how Queensland Health protects your personal information, or to learn about your right to access your own personal information, please see our website at www.health.qld.gov.au/global/privacy.

Section 1 – Licensee details

Name of licensee (as it appears on your licence)

Details of the authorised representative / contact person

Title	Given name	Family name	Job title
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact phone number (direct)

Contact email address (direct)

<input type="text"/>	<input type="text"/>
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Section 2 – Private health facility details

Facility/hospital name

Physical street address

Suburb

Postcode

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Postal address (if different from above)

Please select hospital type

Section 3 – Duration of licence

Please specify the desired term for the renewal of the licence.

NOTE: If there has been a change to **any** of the following, a [notification form](#) must be submitted separately to this application (form available online).

- the day-to-day manager
- nurse in charge
- chief executive, director, or other officeholder of a licensee/approval holder (authority holder) company
- the ownership/major shareholders of a licensee company, including changes to the ultimate parent company
- the licensee's/approval holder's (authority holder's) address
- name of the licensee/approval holder (authority holder) or an associate of the licensee/approval holder (authority holder)
- the organisation that conducts the hospital's NSQHS accreditation
- the timing of the hospital's accreditation assessments

- a licensee/approval holder (authority holder) has been affected by bankruptcy action, control action, convicted of an indictable offence, an offence against a corresponding law or an equivalent, authority (licence/approval) is suspended or cancelled, or if there is a death of a licensee/approval holder (authority holder)

Section 4 – Documents to be included with this application

This application must be accompanied by a:

- ☐ **proof of payment** (a receipt) of the prescribed fee made using the [BPOINT platform](#). See [Fee list | Queensland Health](#) for the current prescribed fee.
- ☐ **financial statement completed by a qualified accountant**. The licensee's accountant may attach any disclaimer or qualification that they consider appropriate.
- ☐ completed [list of directors, board members and/or office bearers form](#)
- ☐ completed [bed and procedural areas form](#).

As applicable

For individuals and partnerships

- ☐ a current Australian Securities and Investments Commission (ASIC) **business name extract** showing business name holder details (obtained within the past 30 days)

For a licensee company or charity

- ☐ a current Australian Securities and Investments Commission (ASIC) **company extract** showing the registered company office details and listing all directors and office holders **or** Australian Charities & Not-for-profits Commission (ACNC) register (obtained in past 30 days)

For an incorporated association, trust or other entity

- ☐ a copy of the most recent annual report or annual return

It is an offence under section 145 of the Private Health Facilities Act 1999 (Qld) to provide false or misleading information.

Section 5 – Declaration

- ☐ I declare that I have the authority to make this application on behalf of the proposed authority holder.
- ☐ I declare that, to the best of my knowledge, all information provided in, and with, this form is true and correct in every detail.
- ☐ I declare that I am aware of the responsibilities under *the Private Health Facilities Act 1999 (Qld)*, specifically sections 23 and 143A, to notify the Chief Health Officer of any prescribed changes.

Authorised representative

Title	First name	Last name	Job title
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of authorised representative			Date (DD/MM/YYYY)
<input type="text"/>			<input type="text"/>