

## APPLICATION FOR APPROVAL TO BE AN AUTHORITY HOLDER

### 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 licensed 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 matter/s 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](http://www.health.qld.gov.au/global/privacy)

### Section 1 – Proposed authority holder details

Name of proposed authority holder

Registered business name

Select type of proposed authority holder

Australian company number (if applicable)

Australian business number

Postal address

Suburb

Postcode

### Section 2 – Representative / contact details

Title

Given name

Family name

Job title

Contact phone number (direct)

Contact email address (direct)

### Section 3 – Proposed health facility details

Proposed facility/hospital name

Physical Street Address

Suburb

Postcode

Postal address (if different from above)

Please select proposed facility/hospital type

Description of facility/hospital

Please indicate patient type

Adults (18 years or older)

Paediatric (under 18 years)

Neonates (birth to four weeks)

Proposed date of occupancy (commencement of services)

Please select ownership status of premises

Please select building works status of premises

*Private health facility licensing requires that the premises undergo a building certification under the National Construction Code (NCC) and that the building is classified as a Class 9a or 5 Building. This is to be maintained during any alterations to the premises. If a different class has been applied, then the building certifier's report will be reviewed to ensure that the intended use of the premises correlates.*

Please select building classification

Building works commencement date (if applicable)

Building works completion date (if applicable)

#### Section 4 – Reprocessing of reusable medical devices (RMD)

Please indicate intended location for processing of reusable medical devices (RMD) (including endoscopes and probes)

*If RMDs processed off site*

Please provide name/s of offsite reprocessing provider.

## Section 5 – Anaesthetics

Please select level of anaesthetic proposed to be used at the private health facility

- general anaesthetic
- more than conscious sedation
- intravenous sedation (deep/unconscious/twilight)
- intravenous sedation (conscious)
- local anaesthetic
- major regional block anaesthetic
- other regional block anaesthetic
- spinal or epidural anaesthetic
- other anaesthetic - Please provide details \_\_\_\_\_
- not applicable

## Section 6 – Documents to be included with this application

This application must be accompanied by

- proof of payment** (a receipt) of the prescribed fee made using the [BPOINT platform](#). See [Fee list | Queensland Health](#) for the current prescribed fee.
- a current ASIC **business name extract** showing approval of facility name (obtained within the past 30 days)
- a copy of a **business plan** that includes high level statement of goals/mission statement/strategic direction, overview of services to be provided and proposed organisational chart.
- a copy of the **architectural plans** of the facility drawn to a scale of 1:100, including indication of patient journey/flow, 'clean' and 'dirty' equipment flows, all key furniture fixtures and equipment, type and location of hand basins / scrub sinks
- a **site plan** indicating ambulance bays and supply delivery bays
- as applicable, a copy of the **lease agreement** which demonstrates that arrangements will continue for the period of the approval, which is no more than two (2) years in the first instance or details of the ownership of the premises
- a completed [beds and procedural areas form](#)
- a completed **Clinical Services Capability Framework (CSCF) – [CSCF list of services and levels form](#)**

- if applicable, a completed [prescribed surgical services form](#)
- a completed [list of directors, board members and/or officer bearers](#) form
- a signed [statutory declaration form for the authority holder](#) (or for each company director or executive officer in the case of a company, charity, incorporated association, trust or other entity). A statutory declaration form that has been completed for another Australian State or Territory in the last 12-month period and includes ID / proof of name e.g., driver's licence is acceptable.
- evidence of **commercial/financial viability** that includes the following
  - financial statements for a minimum of two (2) financial years demonstrating the authority holder's (person or company) or parent company's financial stability
  - a primary **financial institution reference** of financial support from a bank or other institution, loan arrangements and evidence of ability to make repayments
- an [independent financial statement](#) completed by an accountant (available **online**).
- if applicable, a completed [parent company agreement](#) to provide financial support (Statement available **online**).
- a proposed approval holder (authority holder) [consent to release information](#) for financial review form (available **online**).

*As applicable*

(a) In the case of an application by a corporation

- a current Australian Securities and Investments Commission (ASIC) **company extract** (obtained in past 30 days) showing
  - the address of the registered office of the company
  - the full name, date and place of birth, residential address and position of
    - o each current director of the corporation
    - o the principal executive officer of the corporation
    - o the secretary or, if there is more than one, each secretary of the corporation
- a company structure chart

(b) In the case of a **corporation limited by shares** - as for (a) plus

- the types of shares and the number of shares of each type issued
- in the case of a private corporation – the full name of, and number of shares of each type held by, each stakeholder
- in the case of a public corporation – a list of the 20 largest shareholdings and the full name of the holders of each of those shareholding
- If the shares are held by another corporation, the name of the ultimate holding company

(c) In the case of an application by a **charity, incorporated association, trust or other entity**

- a copy of the most recent annual report or annual return
- a copy of the Australian Charities & Not-for-profits Commission (ACNC) register extract (obtained in past 30 days), certificate of incorporation, trust deed, registration of partnership (as applicable)

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

### Section 7– 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 understand this application and information may be provided to relevant agencies for review and comment to assist with assessment of the application.

Authorised representative

Title	Given name	Family 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"/>