

APPLICATION TO TRANSFER A LICENCE TO OPERATE

Privacy statement – please read carefully

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Part A – to be completed by proposed (incoming) licensee

Section 1 – Proposed (incoming) licensee

Name of proposed (incoming) licensee

Status of proposed (incoming) licensee

Details of the proposed (incoming) licensee's authorised representative

Title First name Last name Position title

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Contact mobile phone number

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)

Proposed date of transfer of licence (commencement of services)

Intended ownership status of facility/hospital premises

Section 3 – 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 registration 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.
- if changes proposed to prescribed surgical services currently provided at hospital, a completed [prescribed surgical services form](#)
- all documentation listed in [transfer of a licence supporting documents form](#)
- a completed [list of directors, board members and/or officer bearers](#) form
- a signed [statutory declaration form from the proposed licensee](#) (or for each company director or executive officer in the case of a company, charity, incorporated association, trust or other entity) (available **online**). 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
- if applicable, a completed [parent company agreement](#) to provide financial support
- a proposed approval holder (authority holder) [consent to release information](#) or financial review form
- a completed [licensee representative/facility executives statement](#) for **both** the nominated day-to-day manager and nurse-in-charge of the facility
- as applicable, a copy of the lease /description of the lease agreement or details of ownership

As applicable

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

- a current Australian Securities and Investments Commission (ASIC) **company extract** search (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 4 – Declaration

- I declare that I have the authority to make this application on behalf of the proposed (incoming) licensee.
- 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.

Proposed (incoming) licensee’s authorised representative

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

Part B – to be completed by current (outgoing) licensee

Section 1 – Current (outgoing) licensee details

Name of licensee (as it appears on the licence)

Details of the current (outgoing) licensee’s authorised representative / contact person

Title	First name	Last name	Job title
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact mobile phone number		Contact email address (direct)	
<input type="text"/>		<input type="text"/>	

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

Section 4 – Declaration

- 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 the current licensee agrees to the transfer of the licence to the above named proposed (incoming) licensee

Current (outgoing) licensee’s authorised representative

Title	First name	Last name	Job title
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature of current licensee’s authorised representative

Date (DD/MM/YYYY)