

APPLICATION FOR A LICENCE TO OPERATE A PRIVATE HEALTH FACILITY

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 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.

Section 1 – Authority holder details

Name of Authority Holder / proposed licensee (as it appears on your approval)

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)

Section 2 – Private health facility details

Proposed facility/hospital name

Physical Street Address

Suburb

Postcode

Postal address (if different from above)

Please select proposed hospital type

Section 3 – Management and staffing (authorised representatives)

Please provide details of person appointed as **day-to-day manager** of the hospital (however titled)

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

Contact mobile phone number

Contact email address (direct)

Please provide details of person appointed as **nurse in charge** at the hospital (however titled)

Title	Given name	Family 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"/>	

Section 4 – 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 completed [list of directors, board members or officer bearers](#) form
- ☐ a completed [beds and procedural areas form](#)
- ☐ a completed **Clinical Services Capability Framework (CSCF) – [CSCF list of services and levels form](#)**
- ☐ completed **Clinical Services Capability Framework (CSCF) – self-assessment forms** for each individual CSCF service provided at the hospital (available [on request](#)). Please note you must contact the Private Health Regulation Unit and request these forms prior to submission of the application.
- ☐ completed [Private Health Facilities \(PHF\) standards self-assessment](#) documents
- ☐ a completed [licensee representative/facility executives statement](#) for both the nominated day-to-day manager and nurse-in-charge of the facility (available online)
- ☐ all documentation listed in [licence to operate supporting documents form](#)
 - ☐ if applying to provide mental health services, all documentation in list of [mental health services application requirements form](#)
 - ☐ if applying to provide alcohol and other drug services, all documentation in list of [alcohol and other drug services application requirements form](#)

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	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"/>