

Privacy statement – please read carefully

We are collecting your personal information under authority of the *Private Health Facilities Act 1999* (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 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 – Private health facility details

Facility/hospital name

Section 2 – Licensee/approval holder's details

Name of licensee/approval holder

Authorised representative making the notification

Title

Given name

Surname

Position title

Choose an item.

Contact phone number (direct)

Contact email address (direct)

Section 3 – Notification of events or changes

Please select type of event or change

Choose an item.

Section 4 – Documents and information to be included with this notification

This notification must include the relevant information and supporting documents as applicable below

If notifying the Chief Health Officer of a change to day-to-day manager (however titled) OR nurse in charge of the hospital (however titled), details of new day-to-day manager / nurse in charge

Title	Given name	Family name	Job title
Choose an item.			Choose an item.
Date commencing in role	Contact phone number (direct)	Contact email address (direct)	

- ☐ a completed [licensee representative/facility executives statement](#) (available online) and supporting information
- ☐ a copy of **curriculum vitae** that provides evidence of relevant tertiary education and/or experience
- ☐ a copy of current **AHPRA registration certificate**, if applicable

If notifying the Chief Health Officer of a change to a chief executive, director, or other officeholder of a licensee/approval holder (authority holder) company

- ☐ a completed [list of directors, board members or officer bearers](#) form (available **online**) with changes highlighted
- ☐ a copy of Australian Securities and Investments Commission (ASIC) company extract which confirms the change of directors
- ☐ a signed [statutory declaration form](#) for each **NEW** company director or executive officer (available **online**).

If notifying the Chief Health Officer of a change to a chief executive, director, or other officeholder of a licensee/approval holder (authority holder) company

- ☐ a copy of an Australian Securities and Investments Commission (ASIC) company extract which provides details of changes

If notifying the Chief Health Officer of a change in the licensee's / approval holder's (authority holder's) address

- ☐ a copy of Australian Securities and Investments Commission (ASIC) company extract which confirms the new address

If the licensee/approval holder (authority holder) is an individual person and notifying the Chief Health Officer of a change in the name of the licensee / approval holder (authority holder)

- ☐ details of the licensee/approval holder's (authority holder's) current given name and surname, new given name and surname, and the date the name change is effective

If notifying the Chief Health Officer of a change to the organisation that conducts the hospital's accreditation or a change to the timing of the hospital's accreditation assessments

- ☐ Name of the new accreditation organisation and / or details of the new timing

If notifying the Chief Health Officer that a licensee / approval holder (authority holder) or an associate of the authority holder, including an executive officer, is/has

- affected by bankruptcy action or control action under the Corporations Act
- convicted of an indictable offence or an offence against a corresponding law
- an equivalent authority (licence / approval) is suspended or cancelled

- ☐ Details of type of bankruptcy or control action taken, date action commenced, action administration number his application must be accompanied by a copy of the Australian Financial Security Authority extract which confirms the action

OR

Given name and surname of person convicted of offence, name of offence, date charged, date convicted, details of offence

OR

Date equivalent authority (licence / approval) suspended or cancelled, reason for suspension or cancellation

If notifying the Chief Health Officer of the death of a licensee / approval holder (authority holder)

- ☐ Given name, surname and date of death of person who has died, intended action with regard to licence/approval (e.g. transfer licence, surrender licence, other), proposed date action to take effect

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

Section 6 – Declaration

- ☐ I declare that I have the authority to make this notification on behalf of the licensee
- ☐ I declare that, to the best of my knowledge, all information provided in, and with, this notification form is true and correct in every detail.

Authorised representative

Title

Given name

Surname

Position title

Choose an item.

Signature of licensee's authorised representative

Date (DD/MM/YYYY)