This statutory declaration is authorised under provisions of the *Private Health Facilities Act 1999* (Qld). Terms in the statutory declaration have the meaning given to them by that Act. Parts 4, 5 and 6 of the Act may require consideration by the applicant.

Statutory declaration form

*Private Health Facilities Act 1999* (Qld)

PHFA-13 Version 2:02 05/2023

### When does the statutory declaration need to be provided?

The declaration must accompany:

* an application for approval to be an authority holder and/or build a new private health facility; or
* a change to an authority holder’s executive officers (where a corporation); or
* an application by a proposed transferee to transfer a licence if the proposed transferee does not currently hold a licence for a private health facility in Queensland.

### Who needs to complete the declaration?

* Where it is proposed that more than one individual hold the proposed authority, each individual must complete a separate declaration; or
* Where the proposed or existing authority holder is a corporation, each executive officer (or in the case of a change in executive officers, each new executive officer) must complete a separation declaration.

Note: An *executive officer* of a corporation means a person who is concerned with, or takes part in, the corporation’s management, whether or not the person is a director or the person’s position is given the name of executive officer (Schedule 3 of the *Private Health Facilities Act 1999* (Qld).

### Instructions on completing the declaration

* Please ensure that you answer ’yes’ or ‘no’ to each statement.
* If you answer ‘yes’ to any statement, you must provide details and/or evidence (as applicable) of the circumstances relating to that statement.
* Please provide a copy of your company’s ASIC extract that includes all directors.
* Please attach a certified copy of **one** of the following as evidence of your identity:
  + a current passport, or
  + a current driver’s licence, or
  + a current Medicare card.
* Your declaration must be taken by a qualified witness (justice of the peace, commissioner for declarations, notary public, lawyer, or conveyancer – see section 13 of the *Oaths Act 1867* (Qld)). The qualified witness must complete the last section of the statutory declaration including their signature, location and State the statutory declaration is witnessed in, the date and their full name and qualification
* Submit the completed statutory declaration, together with any other required documentation, to: [Private\_Health@health.qld.gov.au](mailto:Private_Health@health.qld.gov.au).

 **WARNING**: If you intentionally make a false statement in a statutory declaration, you could be charged with an offence and, if convicted, you could be fined or jailed, or both.

**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.

|  |
| --- |
| **Section 1 – Suitable person details** |
| *Provide your personal details as a suitable person* |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Title |  | Given name |  | Family name |  | Job title |
| Choose an item. |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Previous names (including maiden names) if applicable |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Physical Street Address |  | Suburb |  | Postcode |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Contact phone number (direct) |  | Contact email address (direct) |
|  |  |  |
|  |  |  |
| Name of associated private health facility |  |  |
|  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Certified **photographic proof of identity** (i.e. driver’s licence or passport) attached | | | | |
|  | Certified **evidence of change of name** such as copy of marriage certificate attached | | | | |
| **Section 2 – Relationship to authority holder / licensee** | | | | | |
|  | Applicant for new authority holder (associated with an application for an approval or transfer of licence to operate) | | | | |
|  | An executive officer of the applicant / authority holder  *Note: an executive officer of a corporation is a person who is concerned with, or takes part in, the corporation’s management, whether or not the person is a director or the person’s position is given the name of executive officer (Schedule 3 of the Private Health Facilities Act 1999 (Qld)* | | | | |
|  | Other (please specify): |  | | | |
|  | | | |
| **Section 3 – Qualifications and experience** | | | | | |
|  | I am currently, or I have previously been, involved in the operation of a licensed private health facility.  Provide details below.  *NOTE: private health facility includes a private hospital or a day hospital in any State or Territory in Australia or any other country* | | | | |
|  | Facility name | | Facility location (State/Country) | Role | Date: from/to |
|  |  | |  |  |  |
|  |  | |  |  |  |
|  |  | |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | I am currently, or I have previously been, a health practitioner in Australia or overseas.  NOTE: includes practitioners required to be registered with the Australian Health Practitioner Regulation Agency (AHPRA) AND health practitioners who are not required to be registered with AHPRA but perform a health service | | | |
|  | Profession: |  | |  |
|  | AHPRA registration number  (if applicable): |  | Expiry: |  |
|  |  | | | |
| **Section 4 – Disclosure** | | | | |
|  | I am currently, or I have previously been, declared bankrupt or a debtor under any bankruptcy law of the Commonwealth, State or Territory of Australia or any other country | | | |
|  | I am currently, or I have previously been, an executive officer of a company that was wound up or subject to an application for, or placed in receivership or liquidation under, a law of the Commonwealth, State or Territory of Australia or any other country | | | |
|  | I have, or a company in which I am or have been an executive officer has: | | | |
|  | been refused an approval or licence for a private health facility | | | |
|  | had an approval or licence for a private health facility cancelled | | | |
|  | had an approval or licence for a private health facility suspended | | | |
|  | had proceedings commenced for a breach of legislation for the licensing or operating of a private health facility | | | |
|  | I have been convicted of: | | | |
|  | an offence that carries a penalty of imprisonment of 12 months or more in any Australian or overseas jurisdiction | | | |
|  | an offence against any legislation for the licensing or operating of private health facilities or services in any Australian or overseas jurisdiction | | | |
|  | I have been charged with or convicted of: | | | |
|  | an offence relating to the assault or abuse of any person | | | |
|  | an offence involving the obtaining of money or a benefit by any untrue or misleading representations under any law of the Commonwealth, State or Territory of Australia or the laws of any other country | | | |
|  | *For registered health professionals*  My registration is currently, or has previously been, suspended, cancelled, subject to conditions, undertakings, or limitations in Australia or overseas | | | |
|  | *For unregistered health professionals*  I am currently, or I have previously been, subject to an interim prohibition order or prohibition order in Australia or similar restriction overseas | | | |
| Further information | | | | |
|  | Details, including date and type of any charge, conviction, or offence, attached | | | |
|  | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section 5 – Consent and declaration** | | | | | |
| I authorise the Chief Health Officer of Queensland Health, or their delegate, to undertake any search required to investigate or verify the statements and information given  I authorise the Chief Health Officer of Queensland Health to share the information contained in this statutory declaration with other State and Territory Health Departments  I undertake to, as soon as practical, notify the Chief Health Officer of Queensland Health if any of the matters declared in this statutory declaration become untrue, inaccurate or incorrect at any time after this statutory declaration is made  And I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the *Oaths Act 1867* (Qld) | | | | | |
|  | | | | | |
| Full name |  |  |  |  |  |
| Signature |  |  | Date |  | |
|  | | | | | |
| Taken and declared before me at …………………………………………………………………………. (location)  this………………………………. day of ………………………………………………………………………………   |  |  | | --- | --- | |  | *A Justice of the Peace / Commissioner for Declarations / Lawyer* | | | | | | |