**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 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](https://www.health.qld.gov.au/global/privacy)

|  |
| --- |
| **Section 1 – Private health facility details**  |
| Facility/hospital name |
|  |

|  |
| --- |
| **Section 2 – Documents and information to be included with this statement**  |
| *This statement must include the relevant information and supporting documents as applicable below*Provisional details provided to the Private Health Regulation Unit – Office of the Chief Health Officer of a change to day-to-day manager (however titled) and/or nurse in charge (however titled) of the private health facility as per the:* PHF Act sections 13(2)(a)(ii), 23(4)(b) and 48(6)(b).
* Private Health Facilities Regulation 2016 sections 5(d)(i) and (ii).
* Management and staffing standard (version 6).

The Private Health Facilities Regulation 2016 requires the licensee to notify the Chief Health Officer of a change to the person who has the day-to-day management of the facility or a change to the nurse in charge of the nursing staff at the facility **within 21 days** of the change occurring. The Management and Staffing Standard (version 6) requires that a registered nurse at the facility is appointed in charge of the nursing staff. This requirement applies for temporary acting positions should the position be in charge of the nursing staff.To note: The day-to-day manager and/or nurse in charge may be a consultant during the approval stage.**Please mark the appropriate criteria check box/boxes.** The day-to-day manager and/or nurse in charge may hold both positions dependent on the size and specialty of the private facility.[ ]  **Day-to-day manager criteria:*** Has the appropriate skills, knowledge and experience to operate a private licensed facility in accordance with the regulations and standards.
* Has a minimum of *3 years* managerial experience.
* Preferable evidence of completed or working towards business, management and/or leadership qualifications.
* The applicant may be a day-to-day manager across multiple facilities.

[ ]  **Nurse In charge criteria:*** Has the appropriate clinical experience, skills and/or knowledge to operationally manage a nursing team and/or facility i.e., preferably within the specialty area of the licensed private facility.
* A minimum of *5 years* post-graduate clinical nursing experience.
* A minimum of *2 years* nursing managerial experience and, preferably, evidence of completed or working towards a nursing management and leadership qualification.
* The applicant is employed to *one facility only,* and onsite foremostduring business/operational hours.

Details of new day-to-day manager (however titled) OR nurse in charge (however titled):[ ]  Temporary acting position for extended period[ ]  Permanent position

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 work) |
| Click or tap to enter a date. |   |  |  |  |

If applicable, date completing temporary acting position.

|  |  |
| --- | --- |
| Click or tap to enter a date. |   |

 |
| [ ]  | Attached copy of **curriculum vitae** that provides evidence of relevant tertiary education and/or experience  |
| [ ]  | Attached copy of current **AHPRA registration certificate**, if applicable |
| *It is an offence under section 145 of the Private Facilities Act 1999* (Qld) *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 statement form is true and correct in every detail. |
| Authorised representative  |
| Title |  | Given name |  | Surname  |  |  Position title |
| Choose an item. |  |  |  |  |  |  |
| Signature of authority holder’s authorised representative |
|  | Click or tap to enter a date. |