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

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| **Section 1 – Proposed approval holder (authority holder) details** |

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| Name of proposed approval holder (as it appears on the licence / approval) |
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| --- | --- | --- | --- | --- | --- | --- |
| Facility/hospital name | | | | | | |
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| **Section 2 – Representative details** | | | | | | |
| Title |  | Given name |  | Surname |  | Position title |
| Choose an item. |  |  |  |  |  |  |

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| --- | --- | --- |
| Contact mobile phone number |  | Contact email address (direct) |

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| **Section 3 – Relationship to licensee / approval holder** | | |
| *Please select relationship* | | |
| Director of the company who is the proposed approval holder (authority holder) | | |
| Person with overall responsibility for the proposed hospital (however titled) | | |

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| **Section 4 – Consent and declaration** |

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| I consent to Queensland Health disclosing my ’personal information’ and/or company information including financial documentation and other ‘sensitive information’ as those terms are defined in the Information Privacy Act 2009, to the below named entity. |
| **Name and details of entity** |
| Equifax Australasia Credit Ratings Pty Ltd  Email: [efvradmin@equifax.com](mailto:efvradmin@equifax.com)  [www.corporatescorecard.com.au](http://www.corporatescorecard.com.au) |
| I consent to Equifax contacting me directly. |

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| By signing this form, I acknowledge and agree to Queensland Health sharing my / my company’s information with the above entity. |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
| Title |  | Given name |  | Surname |  | Position title |
| Choose an item. |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Signature of licensee’s authorised representative | | Date (DD/MM/YYYY) |
|  |  |  |