

Statutory Declaration

*Private Health Facilities Act 1999 (Qld) Version 2.01 June 2020*

The 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.

### 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.

 **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.

**Oaths Act 1867**

## Statutory Declaration

QUEENSLAND

TO WIT

I ………………………………………………………………………………………………….(full name)

of ………………………………………………………………………………………………….(address) in the State of Queensland

do solemnly and sincerely declare that:

|  |  |
| --- | --- |
| **I am**  |[ ]  the applicant  |
|  |  |  |
|  |[ ]  an executive officer of the applicant (if a corporation)*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): |
|  |  |  |

|  |  |
| --- | --- |
| **I am applying for** |[ ]  an approval to be an authority holder and/or build a new health facility |
|  |  |  |
|  |[ ]  authorisation as a new executive officer |
|  |  |  |
|  |[ ]  transfer of a licence  |
|  |  |  |

under the *Private Health Facilities Act 1999* (Qld)

|  |  |
| --- | --- |
| **Name of existing private health facility or authority holder:** *Note: if not applicable, strike out and initial)*  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| 1. **I am currently, or I have previously been, involved in the operation of a licensed private health facility**

*NOTE: private health facility includes a private hospital or a day hospital in any State or Territory in Australia or any other country* |[ ]  **Yes** | * ***Please provide details of all roles***
 |
|  |  |
|  | Role and name of the facility | Facility location (State/Country) | Date: from/to |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |
|  |[ ]  **No** |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| 1. **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*  |[ ]  **Yes** | * ***Insert health profession: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***
* ***Insert country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***
* ***If applicable, please provide current AHPRA registration number:***
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|  |  |  |  |
|  |[ ]  **No** |  |
|  |  |  |  |

|  |  |
| --- | --- |
| ***For registered health professionals*** |  |
| 1. **My registration is currently, or has previously been, suspended, cancelled, subject to conditions, undertakings or limitations in Australia or overseas.**
 |[ ]  **Yes** | * ***Please attach details to this application.***
 |
|  |  |  |  |
|  |  |
|  |[ ]  **No** |  |
|  |  |  |  |
|  |  |  |  |

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| --- | --- |
| ***For unregistered health professionals*** |  |
| 1. **I am currently, or I have previously been, subject to an interim prohibition order or prohibition order in Australia or similar restriction overseas.**
 |[ ]  **Yes** | * ***Please attach details to this application.***
 |
|  |  |
|  |  |
|  |[ ]  **No** |   |
|  |  |  |  |
|  |  |
| 1. **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 county.**
 |[ ]  **Yes** | * ***Please attach details to this application.***
 |
|  |  |  |  |
|  |[ ]  **No** |  |
|  |  |  |  |

|  |  |
| --- | --- |
|  |  |
| 1. **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.**
 |[ ]  **Yes** | * ***Please attach details to this application.***
 |
|  |  |  |  |
|  |[ ]  **No** |  |
|  |  |  |  |
|  |  |  |  |

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| --- | --- |
|  |  |
| 1. **I have, or a company in which I am or have been an executive officer has:**
 |
| 1. **been refused an approval or licence for a private health facility:**
 |[ ]  **Yes** | * ***Please attach details to this application.***
 |
|  |[ ]  **No** |  |
|  |  |  |  |
| 1. **had an approval or licence for a private health facility cancelled:**
 |[ ]  **Yes** | * ***Please attach details to this application.***
 |
|  |[ ]  **No** |  |
|  |  |  |  |
| 1. **had an approval or licence for a private health facility suspended:**
 |[ ]  **Yes** | * ***Please attach details to this application.***
 |
|  |[ ]  **No** |  |
|  |  |  |  |
| 1. **had proceedings commenced for a breach of legislation for the licensing or operating of a private health facility.**
 |[ ]  **Yes** | * ***Please attach details to this application.***
 |
|  |[ ]  **No** |  |
|  |  |  |  |

|  |
| --- |
| *NOTE: private health facility includes a private hospital, or a day hospital in any State or Territory in Australia or any other country* |
|  |
| 1. **I have been convicted of:**
 |  | **Yes** | ***Please attach details including date and type of conviction to this application*** |
| 1. **an offence that carries a penalty of imprisonment of 12 months or more in any Australian or overseas jurisdiction.**
 |[ ]  **Yes** | * ***Please attach details including date and type of conviction to this application***
 |
|  |  |  |  |
|  |[ ]  **No** |  |
|  |  |  |  |
| 1. **an offence against any legislation for the licensing or operating of private health facilities or services in any Australian or overseas jurisdiction.**
 |[ ]  **Yes** | * ***Please attach details to this application.***
 |
|  |  |  |  |
|  |[ ]  **No** |  |
|  |  |  |  |
| *NOTE: private health facility includes a private hospital, or a day hospital in any State or Territory in Australia or any other country* |  |  |  |
|  |  |  |  |
| 1. **I have been charged with or convicted of an offence relating to the assault or abuse of any person.**
 |[ ]  **Yes** | * ***Please attach details including date and type of charge or conviction to this application to this application.***
 |
|  |[ ]  **No** |  |
|  |  |  |  |
| 1. **I have been charged with or convicted of 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.**
 |[ ]  **Yes****No** | * ***Please attach details including date and type of charge or conviction to this application to this application.***
 |
|  |[ ]   |  |
|  |  |  |  |
|  |  |  |  |
| 1. **I have been known by another name.**
 |[ ]  **Yes** | * ***Please attach evidence of change of name, such as copy of marriage certificate***
 |
|  |[ ]  **No** |  |
|  |  |  |  |
|  |

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).

| Signature of declarant/ deponent |  |
| --- | --- |
|  |  |

Taken and declared before me at ………………………………………………………………………….(location)

this………………………………. day of ………………………………………………………………………………

|  |  |
| --- | --- |
|  | *A Justice of the Peace / Commissioner for Declarations / Lawyer* |

|  |
| --- |
| Contact details |
| **Title:** |  |
| **First name:** |  |
| **Middle name:** |  |
| **Surname:** |  |
| **Telephone:** |  |
| **Mobile:** |  |
| **Email:** |  |
| **Date of Birth:** |  |
| **Place of Birth:** |  |
| **Full residential address:** |  |
| **Suburb/Town/Postcode:** |  |
| **Full postal address****(if different to above):** |  |