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|  | Form 1A |
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| *Health Service Establishments Act 2006*  **Statutory Declaration for Licensees, Directors and Senior Officers** | |

### Statutory Declaration for Licensees, Directors and Senior Officers

**Who must use this form:**

* The Licensee, Director/s and/or senior officer/s of a service applying for a licence under the *Health Service Establishments Act 2006*.
* Any *new* Licensee, Director/s and/or senior officer/s of a licensed establishment under the *Health Service Establishments Act 2006.*

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| **Full Name** | |  | | | | | |
| **Address** | |  | | | | | |
| **Suburb** |  | | **State** |  | | **Postcode** |  |
| **Date of Birth** | |  | | | **Place of Birth** |  | |
| **Position with Company** | |  | | | | | |

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| **Declaration** | **Please circle** |
| Have you or any company of which you have been, or are a director, secretary, executive officer or manager of, or in which you have five percent or more shareholding:   * been involved in the operation of a private health care facility or service in any Australian State or Territory or any other country, the licence of which was cancelled? * had proceedings commenced for a breach of legislation for the licensing or operating of a private health care facility or service in any Australian State or Territory or any other country? * been refused a licence for a private health care facility or service in any State or Territory in Australia or any other country? * been investigated or convicted of any offence involving the obtaining of money or benefit by any untrue or misleading representations under any Commonwealth, State or Territory law of Australia or the laws of any other country? | Yes or No |
| Have you ever:   * been convicted of an offence that carried a penalty of imprisonment of 12 months or more; or * been convicted of any offence relating to the assault or abuse of any person; or * been declared bankrupt or a debtor under bankruptcy law of the Commonwealth, State, or Territory law of Australian or any other country; or * been associated with a company that was wound up or subject to an application for, or placed in, receivership or liquidation under any Commonwealth, State or Territory law of Australia or the laws of any other country? | Yes or No |

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| I hereby give consent to the Department of Health to carry out relevant searches that may include corporate searches, checks with health profession registration boards (including registration status and release of information on any current or ongoing investigations) and the Health Complaints Commissioner. I also understand that I may be requested to provide further information relevant to determining fitness and probity. | Yes or No |
| I undertake to inform the Secretary, Department of Health, to the extent of my awareness of:   * any previous, ongoing, or the commencement of any investigation into my professional practice or conduct; and * any restriction on my professional practice; and * the commencement of a criminal investigation or of legal proceedings for a breach of any legislation, by me or any company of which I am a director, secretary, executive officer, or manager, or in which I have a share-holding of 5 percent or more. | Yes or No |
| I understand that in the event of my misleading, or failing to disclose to the Secretary any information concerning any of the above mentioned matters any licences that I, or any company of which I am a director, secretary, executive officer or manager, may hold and/or applications for licence or transfer of licence which I, or any company of which I am a director, secretary, executive officer or manager, have applied for, under the *Health Service Establishments Act 2006*, may be cancelled. | Yes or No |
| I (full name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  of (residential address)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  hereby solemnly and sincerely declare that the foregoing statements herein are true to the best of my knowledge, information and belief; and make this solemn declaration under the *Oaths Act 2001*.  Declared at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (place)  on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (date)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Signature of applicant)  Before me \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Justice of the Peace/Commissioner for Declarations/Authorised Person) | |