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|  | **Form 1** |
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| New Licence Application:  Health Service Establishment Licence | |
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### Application for Licence to Operate a Private Hospital or Day Procedure Centre

**When to use this form**

This form is for applicants (individuals or companies) who wish to apply for a new licence for a new or existing Health Service Establishment (HSE). If a licence is already held and you wish to transfer the licence, amend the licence, or make alterations or extensions to a health service establishment you need to use another form. All forms are available on the Private Health Regulation [website](http://www.dhhs.tas.gov.au/privatehealthregulation).

**Approval process**

All applicants should familiarise themselves with the licensing standards and requirements of the *Health Service Establishments Act 2006* and the *Health Service Establishments Regulations 2021*. All applications are assessed against this legislation.

Applications are assessed by the Department of Health to determine whether the applicant (individual or corporation) is fit and proper to be a licensee of a health service establishment. The assessment process includes:

* advertising the application to invite public representations;
* Australian Securities and Investments Commission check;
* assessing whether the application meets the criteria for a private hospital or day procedure centre under the Act, and the suitability of the applicant to provide these services;
* assessing the critical mass of patients required for the maintenance of skills or recruitment and retention of any specialist staff; and
* assessment of any relevant hospital service planning guidelines.

Before the licence proper is issued, a final inspection will be carried out to ensure that the health service establishment has been built in accordance with the approved plans, complies with the conditions of the ‘approval in-principle’ and with the relevant licensing standards.

The licensee is responsible for the conduct of the establishment as from the date of the licence.

**Prescribed fee**

The prescribed application fee for a licence of a health service establishment is 1 100 fee units. The current value of a fee unit is available via the Department of Treasury and Finance [website.](https://www.treasury.tas.gov.au/domino/dtf/dtf.nsf/alls-v/FB5D7C0503A0AC73CA257A2B0000D3D2)

**Submitting the application**

Please return the completed form together with the required documents to the address below:

Regulation, Licensing & Accreditation Unit

Department of Health

GPO Box 125

HOBART TAS 7001

or via email to: [hselicensing@health.tas.gov.au](mailto:hselicensing@health.tas.gov.au)

### Application for a Licence for a Private Health Service Establishment

(*Health Service Establishments Act 2006*, section 9)

### SECTION A

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| **Application details** | | | | | | | | | | | |
| Is this a new or existing Health Service Establishment (HSE)? | | | | | | | □ New                 □ Existing | | | | |
| Is the HSE in an existing building or being built? | | | | | | | □ Being built (new build) □ Existing building | | | | |
| **Applicant details** | | | | | | | | | | | |
| Full name of applicant (individual or company): | | | | | | | | | | | |
| Postal address: | | | | | | | | | | | |
| Suburb: | | State: | | | | | | | Postcode: | | |
|  | | | | | | | | | | | |
| Proposed licensee (company or individual): | | | | | | | | | | | |
| Name of Establishment for the purpose of the HSE Licence: |  | | | | | | | | | | |
| HSE Physical Address |  | | | | | | | | | | |
| Suburb |  | | State |  | | | | | | Postcode |  |
| HSE Postal Address (if different from physical) |  | | | | | | | | | | |
| Suburb |  | | State | | |  | | | | Postcode |  |
| Key Contact Person (name of person making application) |  | | | | | | | | | | |
| Position |  | | | | | | | | | | |
| Contact Number |  | | | | Email | | |  | | | |
| Is the building owned or leased | □ Owned □ Leased | | | | | | | | | | |
| If the building is owned, who owns the it? |  | | | | | | | | | | |
| ABN/ACN : |  | | | | | | | | | | |

### SECTION B

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| **Health service establishment details** | | | | |
| □ Private Hospital | | | □ Day-Procedure Centre | |
| A private hospital of the following class(es):  □ General  □ Surgical  □ Maternity  □ Rehabilitation  □ Psychiatric  Please refer to the *Health Service Establishments Regulations 2021* for further information on classes. | | | A day procedure centre of the following class(es):  □ Low risk/minimally invasive  □ Surgical  □ Endoscopy | |
| **Accommodation facilities** | | | | |
| If a private hospital is proposed:   * The maximum number of patients that can be accommodated overnight:   \_\_\_\_   * The maximum number of day procedure beds:   \_\_\_\_ | | | If a day-procedure centre is proposed:   * The number of procedure rooms:   \_\_\_\_ | |
| **Proposed specialised services: please tick relevant box(es)** | | | | |
| Coronary angioplasty  Cardiac surgery  Intensive care  Emergency department  Renal dialysis, haemofiltration or haemoperfusion  Neonatal intensive care |  | Services to a patient who a medical practitioner has reason to believe is suffering from severe mental illness  Tertiary vascular procedures  Neurosurgery  Nuclear medicine  Radiation therapy | |  |
| **Provide an overview and description of proposed procedures** | | | | |
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### SECTION C

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| **Documents and information to be included with this application** | **✓** |
| A signed *Statutory Declaration Form* for each applicant (or each director and the company secretary in the case of a body corporate licence application) |  |
| A *National Police Certificate* for each applicant (or each director and the company secretary in the case of a body corporate licence application), and for the Chairperson of the Medical Advisory Committee.  If an up-to-date National Police Certificate cannot be provided, a signed conviction check form, together with relevant certified evidence of identity (they must be certified by a Commissioner for declaration or a Justice of the Peace) must be provided. |  |
| *In the case of an application by a corporation:*   1. copy of the certificate of incorporation 2. copy of the corporation extract 3. the address of the registered office of the corporation 4. A structure chart 5. the full name, date and place or birth, residential address and position of:    * 1. each current director of the corporation      2. the principal executive officer of the corporation      3. the secretary or, if there is more than one, each secretary of the corporation   *In case of a corporation limited by shares:*   * + 1. the types of shared and the number of shares of each type issued     2. in the case of a private corporation – the full name of, and the number of shares of each type held by, each stakeholder     3. in the case of a public corporation – a list of the 20 largest shareholdings and of the full names of the holders of each of those shareholdings   If the shares are held by another corporation, the name of the ultimate holding corporation. |  |
| *In the case of an application by a trustee:*   * A copy of the trust deed |  |
| *In the case of an application by an incorporated association:*   * A copy of the ABN |  |
| Evidence of approval of business name (i.e. company documents). |  |
| If the hospital/day procedure centre is leased, a copy of the lease. |  |
| If the hospital/day procedure centre is proposed to be leased, a description of the proposed lease arrangements. |  |
| A letter signed by an anaesthetist stating the level and type of anaesthetics to be used for the specified procedures. |  |
| A list of nursing staff qualifications, evidence of registration and lack of notations against their registration. |  |
| The name and qualifications and experience of the person undertaking the duties of Director of Nursing. |  |
| Details of the Medical Advisory Committee or Secretary approved alternative. |  |
| Any Secretary approved alternative for credentialing medical practitioners. |  |
| Building Certificates of Occupancy (or Certificates of Likely Completion if the building is being built or a change of use). |  |
| Provide a copy of architectural plans drawn to a scale of 1:100 and showing dimensions of each part of the facility, fittings and furnishings. |  |
| Details of any current accreditation activity including name of approved accrediting body and time frames for accreditation cycle. |  |
| Details of relevant insurance cover. |  |

### SECTION D

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| **Declaration by applicant** | |
| I declare that all the information I have given on this application form is true to the best of my knowledge and belief.  I understand this application and information provided with it may be distributed to relevant agencies for review and comment to assist with assessment of the application.  I understand that following receipt of this application, the Department of Health will raise an invoice for the licence application fee payment. | |
| Print name: | Position: |
| Signature: | Date: |