

Application for a Licence for a Private Health Facility

(*Private Health Facilities Act 2007*, section 6)



When to use this form

This form is for applicants (individuals or companies) who wish to apply for a licence for a new private health facility. If a licence is already held and you wish to renew the licence, amend the licence or make alterations or extensions to the private health facility you should use another form.

The Building Requirements

Under the *Private Health Facilities Act 2007* the Secretary of the NSW Ministry of Health can impose conditions relating to the design and construction of any building to be built for the purposes of operating a licensed private health facility.

Before any building work is commenced an applicant for a licence for a new facility must apply to and receive written approval, from NSW Ministry of Health for the plans and specifications for the facility. Submissions and architectural plans will be assessed against the Australasian Health Facility Guidelines. Designs for private health facilities that depart from the guidelines will not be approved unless clear patient and/or service benefits can be demonstrated and justified. The construction and design for new and refurbished private facilities must comply with the requirements of a class 9a building as defined in the Building Code of Australia. Copies of relevant approvals from local government authorities or independent certifiers will be required to be submitted with the completed application form as evidence of compliance.

Approval process

All applicants should familiarise themselves with the *Private Health Facilities Act 2007* (the Act) and the *Private Health Facilities Regulation 2017* as all applications are assessed against that legislation, with particular reference to the *Australasian Health Facilities Guidelines*. The approval process will take approximately 8 weeks from the date the NSW Ministry of Health receives the completed application. This does not include the time taken to build the facility. Further details about timeframes for the approval process can be found on the "Licensing of Private Health Facilities" page of the website.

Applicants will be provided with a written Approval in Principle once all the requirements of section 7 of the Act have been met. The letter of Approval in Principle will contain the conditions which must be met before the licence will be issued. An approval in principle of an application for a licence is valid for a period of twelve months and is not transferable. The applicant may apply for an extension of the Approval in Principle, but the application for extension must be in writing, made before the twelve month period has expired, and be accompanied by the prescribed fee.

Before the licence is issued, a final inspection will be carried out to ensure that the private health facility has been built in accordance with the approved plans and complies with the conditions of the Approval in Principle and all relevant Legislation. At the onsite commissioning inspection, all building, fire and other relevant certification will be required. Following the successful commissioning, a licence will be issued, endorsed for specific classes and services as specified in the application. The new licensee is responsible for the conduct of the establishment as from the date of the licence. Further information about the licensing process can be found on the "Licensing of Private Health Facilities" page of the website.

Payment

The prescribed application fee (non refundable) for a licence for a private health facility is \$7,149. An additional application fee applies for private mental health class under section 115 (2)(b) the *Mental Health Act 2007* of \$109.

Payment to be made online at NSW Ministry of Health payment portal
www.health.nsw.gov.au/payments/Pages/default.aspx

Submitting the application

Please email the completed application form together with the required documents and a copy of the payment receipt to MOH-PrivateHealthCare@health.nsw.gov.au.

Notes

- The application and documents submitted will not be accepted with electronic signatures.
- The applicant is required to retain the original documents.
- The Ministry will retain copy of the original emails and other correspondence.

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(Private Health Facilities Act 2007, section 6)



SECTION A

Applicant details		
Full name of applicant: (Individual person or company)		
Postal address:		
Suburb:	State:	Postcode:
Details of the contact person (contact person on behalf of the applicant and in what capacity)		
Full name:	Position:	
Address:		
Suburb:	State:	Postcode:
Phone:	Fax:	Email:

SECTION B

Private health facility details		
Private health facility name: (proposed business name)		
Address:		
Suburb:	State:	Postcode:
The applicant(s) is/are/will be Owner(s) <input type="checkbox"/> Lessee(s) <input type="checkbox"/> of the private health facility. Please <input checked="" type="checkbox"/> the relevant box.		
1. The private health facility will accommodate the following group(s) of patients: Please <input checked="" type="checkbox"/> the relevant box(es)		
Patients who are admitted for more than 24 hours		<input type="checkbox"/>
Patients who are not discharged on the same day that they are admitted, but are admitted for not more than 24 hours		<input type="checkbox"/>
Patients who are admitted and discharged on the same day		<input type="checkbox"/>
2. The private health facility will provide the following class(es): Please <input checked="" type="checkbox"/> one or more of the relevant box(es)		
Anaesthesia	<input type="checkbox"/> Intensive Care	<input type="checkbox"/> Paediatric
Cardiac Catheterisation	<input type="checkbox"/> Interventional Neuroradiology	<input type="checkbox"/> Radiotherapy
Cardiac Surgery	<input type="checkbox"/> Maternity	<input type="checkbox"/> Rapid Opioid Detoxification
Chemotherapy	<input type="checkbox"/> Medical	<input type="checkbox"/> Rehabilitation
Cosmetic Surgery	<input type="checkbox"/> Mental Health ¹	<input type="checkbox"/> Renal Dialysis
Emergency	<input type="checkbox"/> Neonatal	<input type="checkbox"/> Surgical
Gastrointestinal Endoscopy	<input type="checkbox"/>	
3. The private health facility will accommodate at any one time (please specify the number of patients to be accommodated for more than 24 hours, not more than 24 hours and day only, where applicable):		
_____ number of patients who are admitted for more than 24 hours.		
_____ number of patients who are not discharged on the same day that they are admitted, but are admitted for not more than 24 hours.		
_____ number of patients who will be admitted and discharged on the same day.		

¹ A separate application fee of \$109 is required for a licence for a private mental health facility (section 115 (2)(b) of the *Mental Health Act 2007*).

SECTION C

Documents and information to be included with this application

1. In the case of application by a corporation, a full company extract (certificate of incorporation) from the Australian Securities and Investment Commission (ASIC) is required that shows the following:
 - a. the address of the registered office of the corporation; and
 - b. the full name, date and place of birth, residential address and position of:
 - i. each current director of the corporation,
 - ii. the principal executive officer of the corporation,
 - iii. the secretary or, if there is more than one, each secretary of the corporation.
2. If the applicant is a church or religious organisation or incorporated association:
 - a. a copy of the certificate of incorporation or,
 - b. if the corporation is incorporated by an Act, a copy of the Act incorporating the church or organisation.
3. Statutory Declaration Form completed by each person who is an applicant or each officer of the organisation (as defined under the *Corporations Act 2001*) applying for this licence. Please ensure that all sections of the Form are completed and strike out and initial where not applicable.
4. Fitness and Probity Check Form completed by each person who is an applicant or each officer of the organisation (as defined under the *Corporations Act 2001*) applying for this licence.
5. National Criminal Record Check (NCRC) in the form of a National Police Certificate (NPC) for each person who is an applicant or each officer of the organisation (as defined under the *Corporations Act 2001*) applying for this licence.

An NPC issued within the last three years together with a declaration signed by the person stating that they have not been charged or convicted of any offences since the date of the NPC.

An NCRC can be obtained through:

 - CrimTrac if you do more than 500 checks per three years (www.crimtrac.gov.au), or
 - NSW Business Link, or
 - NSW Police if you do more than 150 checks per annum, or
 - Any other accredited agencies or private brokers, which you can find by searching the internet or referring to CrimTrac's list of accredited brokers at www.crimtrac.gov.au/documents/AccreditedAgenciesListforCrimTracwebsite.pdf
 - Individuals can also apply through NSW Police, other state police services or the Australian Federal Police for an NPC.
6. A copy of the certificate of registered of business name of the private health facility from ASIC.
7. Details of the Medicare Benefits Schedule (MBS) item numbers and description for each class of licence sought. In addition, for applications for rehabilitation and mental health class details of the proposed rehabilitation and mental health programs are required.
8. A letter is required signed by a registered specialist anaesthetist stating the level and type of anaesthetic to be used for the procedures or treatment specified includes Electroconvulsive Therapy (ECT), if applicable.
9. An anaesthetist is a medical practitioner and specialist anaesthetist registered under the Health Practitioner Regulation National Law or in the period before that law came into effect a fellow of the Australian and New Zealand College of Anaesthetists. If a specialist anaesthetist is not available certification may be from a registered medical practitioner experienced in the delivery of sedation or anaesthesia.

<p>10. Provide a detailed business case to establish the need for the private health facility services in the proposed location. The business case should include:</p> <ol style="list-style-type: none"> details of the clinical specialties, type and level of service to be provided, current availability of these services in the public and private sector within the estimated catchment area, likely demand for the proposed services in the catchment area or target population, and projected demographic and other factors that may affect demand for the proposed services.
<p>11. If the private health facility is leased, a copy of the lease with a description of the proposed lease agreement.</p>
<p>12. If the private health facility is owned, provide details of ownership.</p>
<p>13. A copy of the current development application or approval with/by the applicable consent authority, or certification from an authorised certifier, for the use of the premises as a Building Code of Australia (BCA) Class 9(a) health care building.</p> <p>For premises used for chemotherapy or renal dialysis class treatment accommodating day only patients then a development application or certification for use of the premises as a BCA Class 5 building applies.</p>
<p>15. Two (2) copies of architectural plans, drawn to a scale of 1:100 showing the dimensions of each part of the facility, fittings and furnishings.</p> <p>Submissions and architectural plans will be assessed against the Australasian Health Facility Guidelines. A copy can be downloaded from www.healthfacilityguidelines.com.au</p>

SECTION D

Declaration by applicant or agent on behalf of applicant

If signing on behalf of the applicant please state in what capacity.

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 NSW Local Health Districts and within the NSW Ministry of Health and other appropriate agencies for review and comment to assist the assessment of the application.

I enclose a copy of the payment receipt for the licence application fee.

Print Name:	Position:
Signature:	Date:

Payment

Payment of the licence application fee to be made online at NSW Ministry of Health payment portal www.health.nsw.gov.au/payments/Pages/default.aspx

Submitting the application

Please email the completed application form together with the required documents and a copy of the payment receipt to MOH-PrivateHealthCare@health.nsw.gov.au.