

Application for Transfer of a Licence for a Private Health Facility

(*Private Health Facilities Act 2007*, section 15)

When to use this form

This form is for applicants (individuals or companies) who wish to take over the conduct of a private health facility with the consent of the licensee of the facility.

Approval process

All applicants should familiarise themselves with the *Private Health Facilities Act 2007* and the *Private Health Facilities Regulation 2024* as all applications are assessed against that legislation.

The applicant must satisfy the Secretary, NSW Health that he or she is a fit and proper person to be a licensee or, if the applicant is a corporation, a director or a person concerned in the management of the corporation is a fit and proper person to be a licensee and that the private health facility is capable of being conducted by the applicant in accordance with the licensing standards.

As part of the approval process the Secretary, NSW Health will publicly advertise the application.

The assessment against the licensing standards includes compliance with the *Australasian Health Facilities Guidelines* and use of the premises as a Building Code of Australia (BCA) Class 9 (a) health care building. For premises used for chemotherapy or renal dialysis class treatment accommodating day only patients then the use of the premises as a BCA Class 5 building applies.

The approval process will take approximately 8 weeks from the date the NSW Ministry of Health receives the completed application. Further information about timeframes for the approval process can be found on the “Licensing of Private Health Facilities” page of the website.

Payment

The prescribed application fee (non refundable) for a transfer of licence is \$4,855.

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 form together with the required documents and a copy of your 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 15)

SECTION A

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

SECTION B

Private health facility details		
Private health facility name:		
Address:		
Suburb:	State:	Postcode:
The applicant will be the Owner(s) <input type="checkbox"/> Lessee(s) <input type="checkbox"/> of the private health facility. Please ✓ the relevant box.		

SECTION C

Documents and information to be included with this application
<p>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:</p> <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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.
<p>2. If the applicant is a church or religious organisation or incorporated association:</p> <ul style="list-style-type: none"> 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.

<p>3. Statutory Declaration Form completed by each person who is an applicant or each officer of the organisation (as defined under the <i>Corporations Act 2001</i>) applying for transfer of this licence. Please ensure that all sections of the Form are completed and strike out and initial where not applicable.</p>
<p>4. Fitness and Probity Check Form completed by each person who is an applicant or each officer of the organisation (as defined under the <i>Corporations Act 2001</i>) applying for transfer of this licence.</p>
<p>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 <i>Corporations Act 2001</i>) applying for this licence.</p> <p>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 NPC. An NPC can be obtained through:</p> <ul style="list-style-type: none"> • 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.
<p>6. Provide evidence that the private health facility is classified as a Building Code of Australia (BCA) Class 9(a) health care building. In the case of a facility used for chemotherapy or renal dialysis class treatment for day only patients a BCA Class 5 building applies. This can be in the form of an Occupancy Certificate or certification from an authorised certifier.</p>

SECTION D

Declaration by applicant or agent on behalf of applicant	
<p>If signing on behalf of the applicant, please state in what capacity.</p> <p>I declare that all the information I have given on this application form is true to the best of my knowledge and belief.</p> <p>I enclose a copy of the payment receipt for the licence application fee.</p>	
Print Name:	Position:
Signature:	Date:

SECTION E

Declaration by the current licensee	
<p>I/We agree to the transfer of the licence to the above named applicant.</p>	
Print Name:	Position:
Signature:	Date:

Payment details

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

Submitting the application

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