

# Application for Amendment of a License for a Private Health Facility

(Private Health Facilities Act 2007, section 17)



## When to use this form

This form is for licensees (the applicant) who wish to apply for the amendment of a licence for a private health facility.

If the amendment to the licence requires alterations or extensions to the facility an “Application for Alterations or Extensions to a Licensed Health Facility” should also be completed and attached. Only one (1) application fee applies.

## Amendment of a Licence

An amendment will be required where a private health facility wishes to change the approved class of the facility and or the number of patients accommodated at any one time in a facility. The Secretary, NSW Health may, on application by the licensee, or if the Secretary otherwise considers it necessary, amend a licence.

## Approval process

All applicants should familiarise themselves with the *Private Health Facilities Act 2007* and the *Private Health Facilities Regulation 2017* as all applications are assessed against that legislation. Particular reference should be made to the *Australasian Health Facilities Guidelines*. The approval process will take up to 8 weeks from the date the NSW Ministry of Health receives the completed application. This includes the time taken for consultation in relation to the changes and does not include the time taken for building work to 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 written confirmation of the approved amendment. The confirmation will contain the conditions which must be met before the amended licence will be issued. There is no time limit on the confirmation of approval however any unauthorised deviation from the approved plans will invalidate the approval. Changes to the plans must be submitted for assessment and approval.

Before the licence is issued, a final inspection will be carried out to ensure that the amendments in relation to the private health facility comply with the conditions of the written approval and all relevant legislation. At the onsite commissioning inspection, all building, fire and other relevant certification will be required. Following the successful commissioning, an amended licence will be issued, endorsed for the specific classes and services as specified in the application.

## Payment

The prescribed application fee (non refundable) for alterations or extensions is \$4,660. Payment to be made online at NSW Ministry of Health payment portal [www.health.nsw.gov.au/payments/Pages/default.aspx](http://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](mailto: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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If changes are to be made to the design and structure of the facility, please complete and attach an "Application for Alterations or Extensions to a Licensed Private Health Facility Form". Only one (1) application fee applies.

## SECTION A

### Applicant details

Full name of applicant (Individual person or company):		Licence No.
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:

## SECTION C

### Details of the proposed amendment(s) to the licence – please indicate where applicable

- It is proposed that the private health facility will accommodate the following new group(s) of patients (relevant to this application): Please ✓ the relevant box(es)
  - Patients who are admitted for more than 24 hours
  - Patients who are not discharged on the same day that they are admitted, but are admitted for not more than 24 hours
  - Patients who are admitted and discharged on the same day
- It is proposed that the private health facility will provide the following new class(es): Please ✓ one or more of the relevant box(es)
 

<input type="checkbox"/> Anaesthesia	<input type="checkbox"/> Intensive Care	<input type="checkbox"/> Paediatric
<input type="checkbox"/> Cardiac Catheterisation	<input type="checkbox"/> Interventional Neuroradiology	<input type="checkbox"/> Radiotherapy
<input type="checkbox"/> Cardiac Surgery	<input type="checkbox"/> Maternity	<input type="checkbox"/> Rapid Opioid Detoxification
<input type="checkbox"/> Cosmetic Surgery	<input type="checkbox"/> Medical	<input type="checkbox"/> Rehabilitation
<input type="checkbox"/> Chemotherapy	<input type="checkbox"/> Mental Health <sup>1</sup>	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Emergency	<input type="checkbox"/> Neonatal	<input type="checkbox"/> Surgical
<input type="checkbox"/> Gastrointestinal Endoscopy		
- Provide details of the proposed amendment to the licence. Amendment to licence conditions may include altering the approved age range of paediatric patients, the number of paediatric patients accommodated within the facility, relocation of mental health or other approved classes to different wards.

<sup>1</sup>A separate application fee of \$120 is required for a licence for a private mental health facility (section 115 (2)(b) of the *Mental Health Act 2007*).

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## SECTION D

### Declaration by applicant or agent on behalf of 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 enclose a copy of the payment receipt for the licence application fee.

Print Name:

Position:

Signature:

Date:

*(If signing on behalf of the applicant please, state in what capacity)*

### Documents and information to be included with this application

1. Details of the Medicare Benefits Schedule (MBS) item numbers and description for proposed new class(es) of licence sought, where applicable.  
In addition, for applications for rehabilitation and mental health class details of the proposed rehabilitation and mental health programs are also required.
2. Provide a detailed business case for the need for the proposed new class(es) and/or increase in the number of patients accommodated at the licence premises, where applicable. The business case should include:
  - a. details of the clinical specialties, type and level of service to be provided
  - b. current availability of these services in the public and private sector within the estimated catchment area
  - c. likely demand for the proposed services in the catchment area or target population projected demographic and other factors that may affect demand for the proposed services.

### 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](http://www.health.nsw.gov.au/payments/Pages/default.aspx)

### Submitting the application

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