ACT Government

ACT Health

HEALTH PROTECTION SERVICE APPLICATION FOR TRANSFER OF OWNERSHIP

PURPOSE

This form is to be used to transfer ownership of a licence or registration under *Public Health Act 1997.*
You can access the legislation and its regulation at www.legislation.act.gov.au.

PRIVACY

The collection of personal information is required by this form for the purposes of issuing a licence or registration under the *Public Health Act 1997* (the Act). The Health Protection Service (HPS) prevents any unreasonable intrusion into a person's privacy in accordance with the *Privacy Act 1988* (Commonwealth).

HEALTH PROTECTION SERVICE CONTACT INFORMATION

Trading Hours: 9.00am – 4.30pm Monday to Friday

Website:	**General Enquires**:	**Email Address:**	**Fax Number**:
www.health.act.gov.au/hps	(02) 5124 9700	hps@act.gov.au	(02) 5124 5554

INSTRUCTIONS FOR COMPLETION & IMPORTANT INFORMATION

- This transfer form must be filled out by the new licensee/ registered person.
- The transfer form must be signed by the current licensee/ registered person and the new licensee/registered person.
- One form of photographic identification certified by an authorised witness must be provided for each new signatory.
- The original licence or registration certificate (or a copy) must be attached to this application.
- Complete this form using a black or blue pen only and return with the **fee of $79.00** (unless fee exempt).
  Information on fee exempt categories is provided on page 8 *(evidence of eligibility for fee exemption must be supplied).*

Cooling tower or warm water system registrations are issued to the person(s) who will have overall responsibility for the maintenance and day to day running of the system and who would be the first point of contact in the event of a disease outbreak or emergency. The registered person(s) will also be responsible for any contraventions of the Act.
Infection Control activity licences and Health Care Facility licences are issued to the owner of the business, who is the person(s) who will have the overall responsibility for the business, including responsibility for any contraventions of the Act.
In accordance with the above:

(1) Trusts will not be registered. Companies operating as trustees for a trust will be registered in the Company name only.

(2) Applications listing a partnership as the owner will not be accepted. If your business is operated by a partnership, one or more of the individuals in the partnership will need to be listed.

(3) Ownership details must be separately completed for each individual listed as an owner. Extra copies of ownership details are available at www.health.act.gov.au/hps or by contacting the HPS office.

Confirmation of identity will need to be produced either:

1. **In person at the Health Protection Service office; or**
2. **By submitting certified copies via post/email/fax to the HPS office.**

TRANSLATING AND INTERPRETING SERVICE

A language assistance service is available by phoning the Translating and Interpreting Service (TIS) on 13 14 50.

COMPLETED FORMS TO BE RETURNED

In Person:	**By Post:**	**By Fax:**	**By Email:**
Health Protection Service 25 Mulley Street HOLDER ACT 2611	Health Protection Service Locked Bag 5005 WESTON CREEK ACT 2611	(02) 5124 5554	hps@act.gov.au

APPLICANT CHECKLIST

☐	Transfer details completed (page 3)
☐	Part A completed and signed by current licensee/registered person
☐	Part B/C completed and signed: New licensee/registered person details
☐	Part D complete: New licensee/registered person address
☐	Part D complete: New licensee/registered person postal address
☐	Part D complete: New licensee/registered person contact details
☐	Part E complete: Proof of identification - One form of certified photographic identification (for each signatory) presented in person at the Health Protection Service or attached to application
☐	Part F complete: Business details
☐	**Cooling tower or warm water system registration ONLY:** Part G complete: Additional information for cooling tower or warm water system registration transfers
☐	**Infection Control licence ONLY:** Part H complete: Additional information for infection control Licence transfers
☐	Part I complete: Other business information
☐	Part J complete: Declaration signed by new licensee/registered person
☐	Part K complete: Payment
☐	Original licence/registration certificate (or a copy) attached

TRANSFER DETAILS – MUST BE COMPLETED

1. TYPE OF TRANSFER

☐ Cooling Tower or Warm Water System Registration **Complete Parts A, B/C, D, E, F, G, I, J, K**

☐ Health Care Facility Licence **Complete Parts A, B/C, D, E, F, I, J, K**

☐ Infection Control Licence **Complete Parts A, B/C, D, E, F, H, I, J, K**

PART A - CURRENT LICENCE OR REGISTRATION DETAILS

Current Registration or Licence Number	**Current File Number**	**Expiry Date on Registration or Licence**

Current trading name (if applicable)

Physical Address of Business/System

SHOP NUMBER:	**PROPERTY NAME:**
STREET NAME:	

SUBURB:	**STATE:**	**POSTCODE:**

CURRENT LICENCE/REGISTRATION HOLDER DECLARATION - *Must be signed by the <u>current</u> licence/registration holder*

Please transfer this licence/registration to the new entity stated in part A or B of this application

Signature of current owner: _____ Date: / /

Full Name: _____ Position Title: _____

Date ownership changes take effect: / /

Name of Company (if applicable): _____ A.C.N:_____

PART B – NEW LICENSEE/REGISTERED PERSON DETAILS FOR A COMPANY *(Do NOT complete if you are applying as an individual)*

A copy of the Company's current extract (issued within the previous 30 days) from the Australian Securities and Investment Commission (ASIC) <u>must be attached</u>

AUSTRALIAN COMPANY NUMBER (A.C.N.) - Leave blank if an Incorporated Association, Government agency or a Registered Charitable Organisation

PART C – NEW LICENSEE/REGISTERED PERSON DETAILS FOR AN INDIVIDUAL *(Do NOT complete if you are applying as a company)*

TITLE (Mr, Ms)	**GIVEN NAMES**	**FAMILY NAME**

PART D – NEW LICENSEE/REGISTERED PERSON ADDRESS (If applying as a company – registered company address must be provided)

(Property Name, Unit, Flat Number, Street Number, Street Name)

CITY / SUBURB / TOWN	**STATE / TERRITORY**	**POSTCODE**

PART D – NEW LICENSEE/REGISTERED PERSON POSTAL ADDRESS *(If different to above owner address)*		
CITY / SUBURB / TOWN	**STATE / TERRITORY**	**POSTCODE**

PART D – NEW LICENSEE/REGISTERED PERSON CONTACT DETAILS	
WORK TELEPHONE NUMBER	**MOBILE NUMBER**
AFTER HOURS TELEPHONE NUMBER	**EMAIL ADDRESS**

PART E – PROOF OF IDENTIFICATION ***(must be completed for company (by the registered agent) and individual applicants)***

One form of current photographic identification sighted and certified by an authorised witness must be provided for each signatory in Parts A or B.
A list of authorised witnesses for true and correct copy can be found at:
http://www.ag.gov.au/Publications/Pages/Statutorydeclarationsignatorylist.aspx

The witness should include the following text on a certified copy:

EXAMPLE- ***CERTIFIED TRUE COPY OF THE ORIGINAL***
I certify that this is a true and accurate copy of the original document sighted by me.
Full Name: _____ ***Signed:*** _____ ***Dated:*** _____ ***Authority to sign:*** _____ ***Phone:*** _____

ACCEPTABLE FORMS OF PHOTOGRAPHIC IDENTIFICATION – Examples below

Driver's licence
Proof of age or identity card issued by a State/Territory
Passport

FORMS OF IDENTIFICATION PROVIDED

Type	Number	Expiry Date	Certified Copy Attached
			☐
			☐

Note for Multiple Owners: *(for example partnerships) Copies of ownership details are available at www.health.act.gov.au/hps or by contacting the HPS.*

PART F - BUSINESS DETAILS (To be completed by the new licensee/registered person)		
NEW TRADING NAME *(if applicable):*		
BUSINESS ONSITE CONTACT PERSON		
GIVEN NAME:	**FAMILY NAME:**	
BUSINESS PHONE:	**MOBILE PHONE:**	
AFTER HOURS PHONE:	**FAX:**	
EMAIL ADDRESS:		
LIKELY HOURS OF TRADE: Days/Open/Close Times:		
BUSINESS CORRESPONDENCE POSTAL ADDRESS		
STREET NUMBER/PO BOX:	**STREET NAME:**	
SUBURB:	**STATE:**	**POSTCODE:**

PART G - ADDITIONAL INFORMATION FOR *COOLING TOWER OR WARM WATER SYSTEM REGISTRATION* TRANSFER

Is the registered system contact person (person to contact if a problem occurs with registered system) the same as the registered system listed in Part B or C. ☐ Yes ☐ No ***If No please complete below information.***

First Name: _____ **Surname:**_____

Phone: _____ **Mobile:** _____ **Fax:** _____

Is the Building Owner (person/company who owns the premises where the registered system is located) the same as the system owner (listed in Part B or C)? ☐ Yes ☐ No ***If No please complete the below information.***

Name of Individual/Company who owns the building: _____

Phone: _____ **Mobile:** _____ **Fax:** _____

PART H - ADDITIONAL INFORMATION FOR *INFECTION CONTROL LICENCE* TRANSFER

Have you changed your Primary Infection Control Activity? ☐ ***Yes*** (please specify below) ☐ ***No***

Please tick (✓) one box only:

☐ Acupuncture ☐ Beauty Therapy ☐ Body Piercing ☐ Dental Practice ☐ Dry Needling
☐ Facial Waxing ☐ Nail Salon ☐ Pathology ☐ Podiatry ☐ Tattoo Studio

☐ Other _____

Are you performing #invasive procedures? ☐ Yes ☐ No *(If no, go to 'Other Business Information')*

'#Invasive procedure means any procedure that involves entry into the body tissue, cavities, organs or repair of traumatic injury

Is only single-use sterile equipment being used? ☐ Yes *(If yes, go to 'Other Business Information')* ☐ No

If equipment is being reused, is it being processed within the business?

☐ Yes If '*yes*', name who is responsible for reprocessing the equipment? If more than one person, please nominate a representative.

☐ No

Name _____ Position _____

If reusable equipment is being reprocessed off site, name where is it processed?

Name of business _____

PART I - OTHER BUSINESS INFORMATION – ***Information provided below may require a Variation Application form to be completed***

1. Has there been a change to the structure or accommodation layout of the premises?

☐ ***Yes*** (please proceed to question 2). ☐ ***No*** (continue to question 3.)

2. Has the Health Protection Service been notified of the changes?

☐ ***Yes*** ☐ ***No*** *(please contact the Health Protection Service)*

3. Have there been changes to the primary activity the business will be undertaking?

☐ ***Yes*** *(please contact the Health Protection Service)* ☐ ***No***

Are there any other significant changes to the current business that the Health Protection should be made aware of?

PART J - DECLARATION

I declare that I am authorised to supply all the information above; that all the information supplied on this form is true and correct; and that there are necessary records and/or documentation to support this application.

I understand that failure to submit all required information and documentation may delay my application and that the provision of false or misleading information may be a criminal offence.

NAME: _____ **POSITION:**_____

SIGNATURE: _____ **DATE:** _____

PART K - PAYMENT

FEE PAYABLE Please Tick (✓)

☐ **$79.00** (please complete payment details below)
☐ Fee exempt **$0.00** (see fee exempt categories below)

FEE EXEMPT CATEGORIES

Cooling Tower or Warm Water System – Nil fee applies to:
Owner or manager of the cooling tower or warm water storage system to which the registration relates that is a charity.

Infection Control – Nil fee applies to:
Owner of the licensed premises to which the application for licence relates who is a charity.

PAYMENT METHOD

Please Tick (✓) ☐ Cash ☐ Cheque ☐ Credit Card

Note: Cheque should be made payable to the Health Protection Service.

Please note:

1. See front page for instructions for lodging form and payment.
2. All paperwork must be completed and signed.
3. Where plans are involved, the originals must be received prior to the granting of your licence/registration certificate.
4. Applications sent by fax or email should **NOT** also be posted.

CREDIT CARD DECLARATION - IF PAYING BY CREDIT CARD

☐ I agree to the credit card (details provided below) being debited the required fee and credit card details destroyed immediately once the transaction is processed.

GST is not applicable under section 81-5 of the A New Tax System (Goods and Services Tax) Act 1999.

Card Holder's Name: _____

Card Holder's Signature: _____ Date: _____/_____/_____

Daytime Phone No: _____

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CREDIT CARD DETAILS

Type of Credit Card - Please Tick (✓) ☐ Visa ☐ Master Card

Credit Card No **Expiry Date**

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐/☐☐