



ACT
Government

ACT Health

Health Protection Service

Health Care Facility New Licence

Use this form to apply for a Health Care Facility Licence under the **Public Health Act 1997**. View the Act and its regulations at legislation.act.gov.au/a/1997-69/

How to complete this form

Please read the guidance at health.act.gov.au/businesses/licensing-and-registration/healthcare-facility-licensing or call the Health Protection Service on 02 5124 9700 before applying.

Complete this form using a black or blue pen and return to the Health Protection Service with the appropriate fee (see Section E).

This form may also be completed online and the fee paid via a secure payment portal at forms.act.gov.au/smartforms/hps/health-care-facility-new-licence-application

Attachments

This form requires you to submit attachments as part of the lodgement process:

- One form of photographic identification for each applicant (or for the registered agent if applying as a company).
- If applying as a company - a current company extract (issued within the previous 30 days) from the Australian Securities and Investment Commission ASIC).
- A floor plan showing the layout of all fixtures and fittings, appliances and any other equipment installed in the premises.

Contact us

Health Protection Service

Email: hps@act.gov.au
Phone: 02 5124 9700
Fax: 02 5124 5554

By post: Locked Bag 5005
WESTON CREEK ACT 2611
In person: 25 Mulley Street
HOLDER ACT 2611

Privacy

The collection of personal information is required for the purposes of issuing a licence under the *Public Health Act 1997*.

The Health Protection Service prevents any unreasonable intrusion into a person's privacy in accordance with the *Privacy Act 1988 (Commonwealth)*.

If you have questions about how your information will be handled please see the ACT Health Privacy Notice at **health.act.gov.au/privacy** or contact us.

Need an interpreter?

To speak to someone in a language other than English please telephone the Telephone Interpreter Service (TIS) on **131 450**.



بالرقم إتصل مترجم إلى بحاجة كنت إذا Arabic: 13 14 50 :

Chinese: 如果您需要翻譯, 請致電 : 13 14 50

Croatian: Ako trebate tumača, nazovite: 13 14 50

English: If you need a translator, call 13 14 50

Greek: Αν χρειάζεστε διερμηνέα, τηλεφωνήστε: 13 14 50

Italian: Se hai bisogno di un interprete, chiamate: 13 14 50

Maltese: Jekk għandek bżonn ta 'interpretu, sejha: 13 14 50

فراخوان, است لازم شما اگر Persian: 131 450

Polish: Jeśli potrzebujesz tłumacza, zadzwoń: 13 14 50

Portuguese: Se você precisar de um intérprete, ligue para: 13 14 50

Serbian: Ако треба тумача, назовите: 13 14 50

Spanish: Si usted necesita un intérprete, llame al: 13 14 50

Turkish: Eğer bir tercümana ihtiyacınız Arama: 13 14 50

Vietnamese: Nếu bạn cần một thông dịch viên, xin gọi: 13 14 50

Section A: Health care facility details

Trading name

What will your business be trading as? This is the name that your customers will know the business as and is usually displayed on your facility and signage.

.....

Business on-site or primary contact person

Who can we contact about the day-to-day operation of the business?

Title (Mr, Ms) Given name(s)

Surname

On-site or primary contact person phone numbers

Phone (BH) Phone (AH)

Mobile

Email(required)

Business correspondence postal address

Address

.....

Suburb State Postcode

Physical address of business

Address

.....

Suburb State Postcode

Public health risk procedures

Please indicate which public health risk procedures will be undertaken at the facility

Administration of anaesthesia: The administration of general, epidural, or major regional anaesthetic block (excluding mandibular blocks), or intravenous sedation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cardiac catheterisation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chemotherapy (cytotoxic infusion)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Abdominoplasty (tummy tuck)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Belt lipectomy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Brachioplasty (armlift)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bicep implants, tricep implants, calf implants, deltoid implants, pectoral implants	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Breast augmentation or reduction	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Buttock augmentation, reduction or lift	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Facelift, other than a mini-lift that does not involve the superficial musculoaponeurotic system (SMAS)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Facial implants that involve inserting an implant on the bone, or surgical exposure to deep tissue	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fat transfer that involves the transfer of more than 100 millilitres litres of lipoaspirate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Labiaplasty	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Liposuction that involves the removal of more than 1000 millilitres of lipoaspirate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mastopexy or mastopexy augmentation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monsplasty	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Neck lift	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Penis augmentation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rhinoplasty	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vaginoplasty	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Gastrointestinal Endoscopy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Renal dialysis (haemodialysis)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Patient beds

Number of patient beds in facility:

Are overnight patient stays provided at the premises? ☐ Yes ☐ No

NSQHS Accreditation

Which agency has accredited your facility?

- ☐ Australian Council on Healthcare Standards (ACHS)
- ☐ Certification Partner Global (CPG)
- ☐ Det Norske Veritas (DNV) Business Assurance Australia Pty Ltd
- ☐ Global Mark Pty Ltd
- ☐ HDAA Australia Pty Ltd
- ☐ Institute for Healthy Communities Australia Certification (IHCAC) Pty Ltd
- ☐ Quality Innovation Performance (QIP) Limited
- ☐ Other (specify):

Date accreditation expires

..... / /

Section B: Applicant type

Licence is issued to the applicant of the business, who is the person(s) who will have the overall responsibility for the business, including responsibility for any contraventions of the **Public Health Act 1997**.

Trusts will not be licenced, companies operating as trustees for a trust will be registered in the company name only.

Applications listing a partnership as the applicant will not be accepted. if your business is operated by a partnership, one or more of the individuals of the partnership will need to be listed.

You are applying for a licence as (select 1):

- ☐ A corporation → **Complete section C**
- ☐ An individual (or individuals) → **Complete section D for each owner**

Section C: Applicant details – Corporation

Complete this section **only** if you selected '**a corporation**' in Section B.

Company name

As shown on your company extract

.....

Corporation type

- ☐ Company
- ☐ Incorporated association
- ☐ Government agency
- ☐ Registered charitable organisation

Australian Company Number (ACN):

Registered company address

Address

.....

Suburb State Postcode

Owner postal address

Address

.....

Suburb State Postcode

Owner phone numbers

Phone (BH) Phone (AH)

Mobile

Email (required)

Proof of identification

To protect public health, the Health Protection Service needs to be able to confirm the identity of applicants.

You must provide one piece of photographic identification for the authorised agent who is making the application.

The preferred types of identification are:

- Driver licence
- Passport
- Proof of Identity card or Proof of Age card

If you bring your identification to the Health Protection Service in person, we will make a copy for you.

☐ I have attached photographic identification for the authorised agent.

Company extract

You must also provide a copy of a current company extract issued by the Australian Securities and Investment Commission (ASIC) **issued within the last 30 days**. The Company Extract includes details of the corporate, business names and trading names, present directorships and proprietorships of the company.

You can obtain a current company extract from ASIC at **asic.gov.au**

☐ I have attached a current company extract issued within the last 30 days.

Declaration

This declaration must be made by the authorised agent of the corporation.

I,, confirm that the information supplied in this section is true and accurate, and understand that the provision of false or misleading information is an offence.

Position title

Signature of agent

Date

Section D: Applicant details – Individual

Complete this section **only** if you selected **‘an individual (or individuals)’** in Section B.

If there are multiple applicant, make additional copies of this section for **each applicant**.

Your full name

As shown on your photographic identification

Title (Mr, Ms) Given name(s)

Surname

Residential address

Address

.....

Suburb State Postcode

Owner postal address

Address

.....

Suburb State Postcode

Owner phone numbers

Phone (BH) Phone (AH)

Mobile

Email (required)

Proof of identification

To protect public health, the Health Protection Service needs to be able to confirm the identity of applicants.

You must provide one piece of photographic identification for each applicant.

The preferred types of identification are:

- Driver licence
- Passport
- Proof of Identity card or Proof of Age card

If you bring your identification to the Health Protection Service in person, we will make a copy and certify it for you.

☐ I have attached photographic identification for this owner.

Declaration

This declaration must be made by each applicant.

I,, confirm that the information supplied in this section is true and accurate, and understand that the provision of false or misleading information is an offence.

Signature

Date

Section E: Fees and payment

Licence duration

How many years would you like to be licenced for? (Select one)

	1 year fee	2 years fee	3 years fee
Hospital licence with less than 200 beds	<input type="checkbox"/> \$724.20	<input type="checkbox"/> \$1448.40	<input type="checkbox"/> \$2172.60
Hospital licence with 200 or more beds	<input type="checkbox"/> \$1446.30	<input type="checkbox"/> \$2892.60	<input type="checkbox"/> \$4338.90
Day procedure licence*	<input type="checkbox"/> \$724.20	<input type="checkbox"/> \$1448.40	<input type="checkbox"/> \$2172.60
Day procedure licence for a dental facility**	<input type="checkbox"/> \$289.45	<input type="checkbox"/> \$578.90	<input type="checkbox"/> \$868.35

* A day procedure licence applies to health care facilities that do not provide for overnight care or accommodation.

** A dental facility is defined as a premises where the predominant business activity is dentistry provided by a registered dentist.

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

Payment details

Payment method

- ☐ EFTPOS (in person at the Health Protection Service)
- ☐ Cheque
- ☐ Credit card (complete details below)

Credit card details (if paying by credit card)

- ☐ I agree to this credit card being debited the required fee and the credit card details being destroyed after the transaction is processed.

Cardholder name

Signature

Date

Daytime phone

Credit card type

- ☐ Visa ☐ Mastercard

Credit card number

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Expiry (MM/YY)

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Section F: 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 licence application.

I understand that the facility must meet all requirements of the **Health Care Facility Code of Practice 2021 (CoP)**, including that:

- I must produce and submit an annual report on the facility to the Health Protection Service in accordance with the CoP;
- the facility must have documented policies and procedures in accordance with the CoP;
- I must notify the Chief Health Officer about any notifiable incident involving the facility within two business days; and
- the facility must maintain accreditation to the **National Safety and Quality Health Service (NSQHS) Standards**.

In applying for a licence to operate a licensable public health risk activity, I declare that:

- the premises detailed in this application is suitable for the purposes of carrying on the public health risk activity;
- I am suitably competent and experienced to undertake the operation of a health care facility;
- the premises plans I have provided meet the requirements of the CoP and the Australasian Health Facility Guidelines; and
- I have not previously contravened or been found guilty of breaching the Public Health Act 1997 or other legislation concerning health care facilities.

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 title (If applying as a company)

Signature of agent Date

Section G: Checklist

It is recommended that you use the checklist below to ensure that your application is complete.

- ☐ I have read the guidance at **health.act.gov.au/businesses/licensing-and-registration/healthcare-facility-licensing**
- ☐ I have completed Section A: Health care facility details.
- ☐ I have completed Section B: Ownership type.
- ☐ I have completed Section C: Owner details – Corporation **or** Section D: Owner details – Individual **for each listed owner**.
- ☐ I have attached photographic identification for the authorised agent (corporation owner) or **for each listed owner** (individual owner/s).
- ☐ I have attached a set of detailed plans
- ☐ I have completed Section E: Fees and payment.
- ☐ I have attached payment
- ☐ I have signed the declaration in Section F: Declaration.