



PRIVATE HOSPITALS AND HEALTH SERVICES ACT 1927
Licence Holder Authorised Delegate Form

Facility Name:	
Facility Address:	
Licence Holder Name:	

INSTRUCTIONS

Complete this form if you wish to appoint another person with the required legal capacity to act as your authorised representative.

1. Please complete the entire form.
2. The form can be completed electronically or hard copy and must include a signature.
3. Attach a curriculum vitae clearly outlining academic and professional qualifications, employment history, positions held and levels of responsibility.
4. Attach two-character references. (The person providing the reference should have known the recipient for at least 3 years in a work-related capacity.
5. Attach a current (dated within six months of this application) National Police Certificate.
6. Return completed form to LARULicensing@health.wa.gov.au
7. Approval is subject to review by the LARU.

LICENCE HOLDER CONTACT DETAILS

Name:	
Position Title:	
Address:	
Contact Number	
Email Address:	

PROPOSED AUTHORISED DELEGATE CONTACT DETAILS

Name:	
Position Title:	
Address:	
Contact Number	
Email Address:	

Licence Holder Authority

I authorise the above-mentioned person (“Proposed Authorised Delegate”) to:

- act on my behalf and enter arrangements that are binding on me related to this Licence; and
- act on my behalf until this Authority is revoked.

I agree that:

- the Licensing and Accreditation Regulatory Unit may rely on information provided by the (“Proposed Authorised Delegate”) as being true and correct and as being provided with my authority;
- the Licensing and Accreditation Regulatory Unit may liaise with the (“Proposed Authorised Delegate”) until this Authority is revoked; and
- when the (“Proposed Authorised Delegate”) makes a decision, this decision is legally binding, therefore cannot be overridden by executive leadership roles (for example Chief Executive Officer) in the organisation.
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Name:	
Position Title:	
Signature:	
Date:	

Proposed Authorised Delegate Declaration

I,		(Name)
of		(Name of Facility)
In my capacity as the		(Position Title)

declare that I:

- am over the age of 18 years;
- have no charges or convictions of a criminal offence;
- have no referrals or complaints by any professional registration board or association;
- have provided the Licensing and Accreditation Regulatory Unit with my Curriculum Vitae, two-character references and a National Police Certificate.
- fully understand the duties and obligations imposed on me in relation to the conduct of the facility; and
- will notify the Licensing and Accreditation Regulatory Unit of any changes in the above circumstances.

Name:	
Position Title:	
Signature:	
Date:	

Approval

Approved by	Lynda Campbell, Manager, Licensing and Accreditation Regulatory Unit, 24 August 2020
Next review by	August 2024

This document can be made available in alternative formats on request for a person with a disability.

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