



PRIVATE HOSPITALS AND HEALTH SERVICES ACT 1927  
**Declaration of Change in Board Members,  
Company Directors and Partners of a Firm**

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Name of Facility	
Date of Notification	
Licence Holder Name (As stated on Licence)	
Licence Holder Type	Partner of a Firm:
	Company or Body Corporate:
Company Name or Partnership Name	
Trading Name (if applicable)	
Registration Number	<b>ABN:</b>
	<b>ACN:</b>

## NEW BOARD MEMBER OR COMPANY DIRECTOR OR PARTNER OF A FIRM

Name of new Board Member /Company Director/ or Partner of a Firm	Date Appointed	Name of person being replaced (if applicable)

## Change of Board Members, Company Directors and Partners of a Firm LICENCE HOLDER DECLARATION

I,	(Print name)
	(Print Position)
	(Print Address)

declare that:

I have assessed the new Board Member/s / new Company Director/s of the Body Corporate, or new Partner/s of a Firm, as applicable, and declare that in relation to the Licensing Standards For Assessing the Suitability of a Licence Applicant or a Licence Holder and specifically in relation to:

- Age and identity: – I have assessed the age and identity and they meet licensing requirements
- Character and reputation: – I have attached one-character reference (from a person who has known the recipient for at least three years in a work capacity) and a National

Police Clearance Certificate (dated within six months of this notification) for each new Board Member / Company Director or Partner of a firm, as applicable

- Criminal offences or outstanding criminal charges: - I have assessed each new Board Member / Company Director or Partner of a firm, as applicable, and there is nothing to disclose
- Material and financial resources: I have assessed each new Board Member / Company Director or Partner of a firm, as applicable, and they meet licensing requirements
- Appropriate skills and qualifications - I have assessed each new Board Member / Company Director or Partner of a firm, as applicable, and they meet licensing requirements

The information contained in this declaration is true and correct. I understand that if it is subsequently established that any information provided is not true and correct, any subsequent licence issued may be suspended or revoked; and

I am duly authorised to make this declaration.

Name (Print)	
Position	
Signature	
Date	

## Approval

<b>Approved by</b>	Lynda Campbell, Manager, Licensing and Accreditation Regulatory Unit
<b>Approval date</b>	24 August 2020
<b>Next review</b>	August 2024

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