



Ceasing to operate a licensed private psychiatric hostel – Form – Parts 1 and 2

Instructions:

Complete this form once you have notified (in writing) the Manager of the Licensing and Accreditation Regulatory Unit (LARU) of your intention to cease operating a licensed private psychiatric hostel.

1. This form is to be completed with reference to the LARU *Ceasing to operate a licensed private psychiatric hostel* document and Parts 1 and 2 returned to the LARU as outlined on each Part.
2. The form can be completed electronically or in hard copy and the declaration must be signed by the licence holder or authorised delegate.
3. Please return the completed form to LARULicensing@health.wa.gov.au.
4. Reception phone (08) 6373 2347 for any further enquiries.

FACILITY DETAILS

Name	
Address	

LICENCE HOLDER DETAILS

Name		
Position Title		
Address		
Contact details	Phone:	Email:

DATE WILL CEASE TO OPERATE AS A LICENSED HEALTH FACILITY

Cessation date	
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Ceasing to operate a private psychiatric hostel form – Part 1.

Consistent with the *Private Hostel Closure Management Process* (the Closure Process), as updated from time to time, the following matters are required to be addressed prior to ceasing operation of the private psychiatric hostel

Notifications to be completed and actions to be taken	Date Actioned	Person who Actioned
Written notification within the prescribed time for the number of residents to be provided to the LARU Manager.		
A formal “ <i>Notification of Closure and Informed Consent Letter</i> ”(Appendix 1 – of the Closure Process) to be signed by residents or their authorised representative/guardian as evidence they have received formal notification of the closure and that they have consented to have their medical information shared with the relocating team and new hostel.		
All staff to be notified in writing and in a timely manner.		
General Practitioners and support agencies to be notified in writing and in a timely manner.		
The clinical team allocated to oversee the relocation of the residents are provided with information about the residents as outlined in the Closure Process and are assisted as needed in relocating residents to alternative accommodation.		
Ensure that residents’ property including any monies held for the resident by the licence holder is prepared for transfer when the resident moves		
Before leaving the hostel residents or their nominees are provided with a final statement of their finances and any balance is transferred to the appropriate account holder in a timely manner.		

Return the completed PART 1 (plus page 1) to the LARU first and at least 4 working weeks before the final closure date

Ceasing to operate a private psychiatric hostel form – Part 2

Matters to be addressed	Date Actioned	Person who Actioned
Ensure that all resident information, including day books, resident files, financial statements relating to residents' monies including rental payments and any other information, in either written or electronic formats, are retained in a safe and secure place and available for presentation after ceasing operating.		
Request the Chief Pharmacist, Department of Health to cancel the Poisons' Licence for the licensed psychiatric hostel.		
Ensure website/messaging services advise of ceasing operation as a licensed psychiatric hostel.		
Arrange for suitable storage of all resident information, as required under Australian Standard 2828, and provide the Licensing and Accreditation Regulatory Unit with the following details.		
Address of Storage		
Name of contact person (if access to records are required e.g. for a coronial inquiry)		
Phone number of contact person		
Email of contact person		
Return the Licence Certificate to the LARU		
Return Approved Supervisor certificates to the LARU		
Return Approved Supervisor ID cards to the LARU		

Ceasing to operate a private psychiatric hostel form – Part 2

LICENCE HOLDER OR AUTHORISED DELEGATE DECLARATION

- I declare as the (tick one) Licence Holder or Authorised Delegate that:

No health services which are consistent with those of a private psychiatric hostel as defined in the *Private Hospitals and Health Services Act 1927* that being:

Private premises in which 3 or more persons who

- socially dependent because of mental illness; and
- are not members of the family of the proprietor of the premises, reside and are treated or cared for

will be conducted following ceasing to operate the licensed psychiatric hostel and cancellation of the licence.

- The information provided in Parts 1 and 2 of this form is true and correct; and
- I am duly authorised to make this declaration.

Name	
Position title	
Signature	
Date	

Return the completed **PART 2** together with the licence, the Approved Supervisor Certificates and Badges at the final closure date to PO Box 8172 Perth Business Centre, WA 6849.

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

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