



PRIVATE HOSPITAL AND HEALTH SERVICES ACT 1927
Notification of Appointment – Senior Management

Appointment of Senior Management

Private Hospitals, Private Day Hospitals, Private Nursing Homes and Private Nursing Posts

Annexure A (Additional Licence Terms and Conditions) Section 1.A.4 Change in Management mandates that where there is a change of senior management personnel (i.e. Chief Executive Officer / Medical Director / Remote Area Nurse however titled), the Licensing and Accreditation Regulatory Unit is to be notified of the updated name and contact details **within seven working days**.

| | |
|---|---|
| Name of Facility: | |
| Address of Facility: | |
| Senior Management Role (please select): | Chief Executive Officer (CEO) <input type="checkbox"/> Medical Director (MD) <input type="checkbox"/> Remote Area Nurse (RAN) (Nursing Post) <input type="checkbox"/> Other <input type="checkbox"/> If other, role title: <input type="text"/> |
| First Name and prefix (Mr / Miss/Ms / Mrs / Dr) | |
| Surname: | |
| Phone (Direct): | |
| Mobile: | |
| Email Address: | |
| Date of appointment: | |

| | |
|--|---|
| <p>Is this a temporary (T) or permanent (P) appointment (Tick one)</p> | <p>T <input type="checkbox"/> P <input type="checkbox"/></p> <p>If temporary provide expected finishing date</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| <p>Is the appointee replacing an existing CEO/MD/RAN/Other?</p> | <p>Yes. Provide Details below.</p> <p>Name of person being replaced:</p> <p>Senior Management Role:</p> <p>Date of cessation:</p> <p>Reason for cessation:</p> |
| <p>Name of person completing form:</p> | |
| <p>Signature:</p> | |
| <p>Date</p> | |

Please attach a curriculum vitae of appointee, clearly outlining academic and professional qualifications, employment history, positions held and levels of responsibility.

Send Completed form and CV

Please send this completed form together with the Curriculum Vitae to the Licensing and Accreditation Regulatory Unit.

By email: LARULicensing@health.wa.gov.au

Phone: Reception 08 6373 2347

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

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