



PRIVATE HOSPITALS AND HEALTH SERVICES ACT 1927  
**Notification of Appointment Senior  
Management Form**

**Appointment of Senior Management**

*Private Psychiatric Hostels*

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, Coordinator Mental Health, 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<br>(please select):   | <p>Chief Executive Officer (CEO) <input type="checkbox"/></p> <p>Facility Manager <input type="checkbox"/></p> <p>Coordinator Mental Health (Co MH) <input type="checkbox"/></p> <p>General Manager Mental Health (GM MH) <input type="checkbox"/></p> <p>Onsite Manager (OM) <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>If other, role title: _____</p> <p><b>Note Any person responsible for the day-to day operations of the hostel must also hold an Approved Supervisor Certificate.</b></p> |
| First Name and prefix (Mr / Miss / Ms / Mrs) |  |
| 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> <p>-----</p>      |
| <p>Is the appointee replacing an existing person in the role.</p> <p>Yes. Provide Details below.</p> | <p><b>Senior Management Role:</b></p> <p><b>Reason for cessation:</b></p> <p><b>Date of cessation:</b></p> <p><b>Name of person being replaced:</b></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](mailto:LARULicensing@health.wa.gov.au)

Phone: 08 6373 2347

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

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