



Class D private psychiatric day hospital new licence application form

The following application package relates to the application for a licence under the *Private Hospitals and Health Services Act 1927*, that being:

- Section A** Demographic information
- Section B** Proposed functionality of facility
- Section C** Assessment of the licence applicant
- Section D** Assessment of the premises
- Section E** Assessment of the arrangements for management, staffing and equipment.

Each section must be completed. To ensure validation by licence applicant, signatures are required throughout the application.

The following documents will assist you to complete your application:

1. Licensing Standards for Assessing the Suitability of a Licence Applicant or a Licence Holder
2. Private Day Hospital Class D Guidelines - as relevant
3. Licensing Standards for the Arrangements for Management, Staffing and Equipment
4. Current WA Health Facility Guidelines for Engineering Services
5. Current WA Health Facility Guidelines for Architectural Requirements

A non-refundable prescribed fee will be issued upon receipt of the application.

These fees are as scheduled:

- Fewer than 25 persons to be accommodated \$ 8,960.00
- 25 – 100 persons to be accommodated \$10,110.00
- 101 – 200 persons to be accommodated \$13,110.00
- 201 – 500 persons to be accommodated \$16,110.00
- More than 501 persons to be accommodated \$19,110.00

On completion of the application package, please email LARULicensing@health.wa.gov.au, an email will be sent to you inviting you to join MyFT (a document sharing site), along with a set of instructions on how to upload /download documents and return them to the Licensing and Accreditation Regulatory Unit (LARU) electronically.

Additional information can be viewed on the LARU website at http://www.health.wa.gov.au/private_licensing



Section A: Demographic information

Licensing applicant/company/individual/firm/partnership/statutory body

Name of licence applicant:

Mobile:

Email:

Anticipated date you require your licence: / /

Please note: A minimum of 30 days is required to process your licence application.

Facility details

Name of facility:

Facility address:

Suburb:

State:

Post code:

Phone:

Email:

PO box:

Suburb:

Post code:

ABN:

ACN:

Chief Executive Officer/General Manager (however titled – please provide copy of resume)

Salutation: Mr Mrs Ms Miss Dr Prof

First name:

Last name:

Position title:

Address:

Suburb:

State:

Post code:

Phone:

Mobile:

Email:

Section A: Demographic information

Director of Nursing (however titled – please provide copy of resume)

Salutation: Mr Mrs Ms Miss Dr Prof

First name: _____ Last name: _____

Phone: _____ Mobile: _____

Email: _____

Medical Director (however titled – please provide copy of resume)

Salutation: Mr Mrs Ms Miss Dr Prof

First name: _____ Last name: _____

Phone: _____ Mobile: _____

Email: _____

Section A: Clinical specialties form

The licence holder will provide a psychiatric treatment programme that – (please tick)

is for a patient who has mental illness

is provided by a multi – disciplinary team under the direction and supervision of a psychiatrist

is a half or full day programme that consists of more than one type of mainstream therapeutic activity.

Treatments: please tick if any of these are being offered to patients

ECT	Five day rapid feeding programme	One day rapid feeding programme
Inpatient day therapy	Transcranial Magnetic Stimulation (TMS)	Other

Other:

Please confirm these services are provided at this facility

Name:

Signature:

Position:

Date: / /

Proposed number of patients

These figures will be used to determine the maximum number of patients that can be treated at any one time and the number of beds/chairs that you will be licenced for.

Please refer to the definition of a 'bed' in your licensing standards when calculating these numbers.

Inpatient beds or chairs	Speciality/area	Number of beds/chairs
	Mental Health excluding authorised	
	Mental Health including authorised	
	Total number of beds/chairs	X=
Treatment chairs if applicable if in the licence footprint	Treatment chairs	
	Total number of patients treated	Y=
	Maximum number of patients to be treated at any one time	X + Y=

Declaration – licence holder/authorised delegate

I declare that the above information regarding maximum beds and numbers of patients treated at any one time is correct

Name:

Signature:

Position:

Date: / /



Section B: Proposed functionality of facility

In assessing an application for a private hospital, day hospital, nursing home, nursing post or private psychiatric hostel, the Director General of Health has a duty to approve the licence applicant, the premises and the arrangements for management, staffing and equipment. The 'Proposed functionality of facility' provides vital information that is utilised by the Director General when determining whether to grant an applicant a licence.

The Proposed functionality of facility should be no more than 3 pages and it should articulate the functionality of the organisation. The intention is not to duplicate matters that are submitted in your licence application but to provide a snapshot of the functions that will be carried out within the premises to be approved.

Please attach your proposed functionality of facility which briefly outlines the following points:

The application form has 5 sections:

General information

- Name of licence applicant/owner/company/statutory body
- Name of facility
- Address of facility
- Primary function of the facility – the normal or intended activities of the facility
- The reason/rationale for the service
- Service philosophy/scope of the service/proposed level of service
- Model of care provision
- Days and hours of operation
- Funding mechanism – for profit/not for profit/government/health – fund/self – insurers.

Clinical services

- Medical procedures, surgical procedures, treatments, and psychological services to be provided
- Anticipated through – put e.g., number of beds, maximum number of patients treated at any one time, intended through-put for each specialty, area
- Approximate average number per day
- Referral mechanisms
- Intended age range of patients where relevant:
 - adults aged 18 years and over
 - paediatrics
 - neonates
 - infants/toddlers
 - children
 - teens.

Section B: Proposed functionality of facility

Building

- Building Classification (BCA)
- Age of facility
- Anticipated life of facility
- Provide electronic copies of floor plans that are appropriately labelled
- Advise if there will be phased building works, planned time frames, how services will be maintained (if required), temporary accommodation requirements and how patients will be managed during building works.

Staffing

- Intended staff mix and staff to patient ratio per area/specialty
- Support staff.

Support services

- Asset management
- Ambulance access if applicable
- Car parking
- Equipment and infrastructure
- Facility maintenance
- Food services
- Infection control
- Information technology/communications
- Fire and security
- Laundry and linen
- Sterile supplies if applicable
- Security
- Transport – access to public transport
- Waste management.



Section C: Assessment of licence applicant

Part of the assessment of an application for a licence involves a determination that the licence applicant satisfies the requirements. Refer to the Licensing Standards for Assessing the Suitability of a Licence Applicant or a Licence Holder.

The licence applicant is required to provide the following: (please tick if submitted)

Demographic information

Birth certificate/s

- If name has changed since birth certification, legal documentation of change to be provided (E.g., certified deed poll, marriage certificate etc)

If applicable, copies of:

- the certificate of statutory body number
- the specific legislation of incorporation
- any change of identity.

Character reference: one for each person charged with management responsibility under the relevant legislation

Current (dated within 6 months of application date) national police certificate for each person charged with management responsibility under the relevant legislation

Licence applicant's character and reputation declaration

Primary financial institutional financial reference

Independent accountant financial certification

Licence applicant's financial declaration

Copies of certificates of currency for the following classes of risk, including the amount of insurance cover:

- professional indemnity
- medical malpractice
- building or industrial special risks
- public liability
- workers compensation, or if a self-insurer.

Section C: Assessment of licence applicant

Details of the operational management team, that being:

- positions that include General Manager, Chief Executive Officer, Director of Nursing and Medical Director
- current CV or resume of each team member.

Operational management teams competency declarations

Written Information of any outstanding criminal charges, convictions (other than spent convictions) made against them, or anyone involved in the management of the facility

Written documentation (details and outcome) of any breaches of the *Corporations Act 2001* (or any other Act administered by the Australian Securities Investments Commission) or the Trade Practices Act

Written documentation (details and outcome) of any referrals or complaints by any professional registration board or association

Written information (details and outcome) on any person involved in the management or ownership of the facility being declared bankrupt

Section C: Assessment of licence applicant

Demographic information

Name of company/individual/firm/partnership/statutory/corporate body:

ACN:

ABN:

Registered business name:

Business address:

Suburb:

Post code:

State:

PO box:

Post code:

State:

Phone:

Mobile:

Email:

Licence holder

Salutation: Mr Mrs Ms Miss Dr Prof

First name:

Last name:

Position title:

Address:

Suburb:

Post code:

State:

Phone:

Mobile:

Email:

Section C: Assessment of licence applicant – company/individual (if applicable)

Names of board members or company directors (if applicable)

Note: Please provide current national police certification for each person

	Names	Term of office
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

Section C: Assessment of licence applicant

Licence applicant financial declaration

Explanatory note: The person signing this declaration must be either the licence applicant or a person authorised by the licence applicant.

I declare that

Name of company/individual/firm/partnership/corporate or statutory body

1. has sufficient material and financial resources available to comply with the requirements of the *Private Hospitals and Health Services Act 1927 (WA)*
2. I am duly authorised to make this declaration
3. the information contained in this application is true and correct. I understand that if it is subsequently established that any information provided is not true and correct, any licence issued may be suspended or revoked.

Name:

Position:

Signature:

Date: / /

Section C: Assessment of licence applicant

Independent accountant – financial certification

Explanatory note: The person signing this declaration must be a Certified Practising Accountant (CPA), Australia and be a member of CPA Australia and is independent to the licence applicant.

I, _____
Name and qualifications of accountant

of _____
Name of company/individual/firm/partnership/corporate or statutory body

having reviewed the financial records of _____
Name of company/individual/firm/partnership/corporate or statutory body

declare that _____
Name of company/individual/firm/partnership/corporate or statutory body

1. has sufficient material and financial resources available to comply with the requirements of the *Private Hospitals and Health Services Act 1927 (WA)*
2. has, and will continue to have, the financial capacity to operate the facility and to pay its debts as and when they fall due.

Name: _____ Position: _____

Signature: _____ Date : / /

CPA Australia membership number: _____

Phone: _____ Mobile: _____

Email: _____

Section C: Assessment of licence applicant

Primary financial institution – financial reference

Please provide the following information on your company or financial institution letterhead.

I, (name) _____

in my capacity as (title) _____

for (name of primary financial institution) _____

located at (address) _____

- has maintained a business account at the above-mentioned financial institution since: (enter a date)

Date: _____ / _____ / _____

- during this time they have conducted their accounts in a satisfactory manner
- in accordance with the terms and conditions of the accounts.

Name: _____ Position: _____

Signature: _____ Date: _____ / _____ / _____

Section C: Assessment of licence applicant

Independent accountant financial certification

The person completing and signing this declaration must:

Be a fully qualified accountant and hold full (not associate) membership of one of the following:

- a. CPA Australia
- b. Chartered Accountants Australia and New Zealand (CAANZ)
- c. Institute of Public Accountants (IPA)
- d. hold a public practice certificate (PPC)
- e. independent to licence applicant.

Please sign the declarations below attesting to (i) and (ii).

I, _____ Name and qualifications of accountant

of _____ Name of company/individual/firm/partnership/corporate or statutory body

Having reviewed the financial records of _____ Name of company/individual/firm/partnership/corporate or statutory body

Declare that _____ Name of company/individual/firm/partnership/corporate or statutory body

1. has sufficient material and financial resources available to comply with the requirements of the *Private Hospitals and Health Services Act 1927 (WA)*
2. has, and will continue to have, the financial capacity to operate the facility and to pay its debts as and when they are due.

Name: _____ Position: _____

Signature: _____ Date: / /

Phone: _____ Mobile: _____

Email: _____

Section C: Assessment of licence applicant

Declaration:

I declare that:

a. Hold current and full membership of

(enter one of CPA, CAANZ or IPA).

b. Hold a current public practice certificate (PPC).

Section C: Assessment of licence applicant

Operational management team competency declaration

Explanatory note: A declaration must be completed for each of the following – Chief Executive Officer, Director of Nursing, Chief Finance Officer and Medical Director. (However titled).

I,

Name

of

Facility name

in my capacity as the

Position title

Declare that:

- I have no charges or convictions of a criminal offence
- I have no referrals or complaints by any professional registration board or association, and
- I understand the duties and obligations to conduct the facility.

Name:

Signature:

Date : / /

Licence applicant name:

Signature:

Date : / /

Section C: Assessment of licence applicant

Checklist

Once you have completed the application, please notify the LARU via LARULicensing@health.gov.wa.au

You will be provided with a link to MyFT and a set of instructions for you to upload all documents electronically.

Please tick if submitted:

Functional brief

Birth certificate

Character references

National police clearances

Financial declarations

Insurances

Corporate organisational charts

Additional information



Section D: Ownership of premises

Leasehold of premises declaration

Explanatory note: The person signing this declaration must be either the licence applicant or a person authorised by the licence applicant.

I _____
Insert name

of _____
Insert address

In the position of

Declare that:

The owner of the building is _____
Insert name

of _____
Insert address

Mobile:

Email:

Section D: Ownership of premises

Leasehold of premises declaration (continued)

- Where the licence applicant has entered into, or plans to enter into, a leasing arrangement for both the building and the land or either the building or the land, the terms of the leasing arrangement ensures, or will ensure that the licence applicant will comply with all the provisions of the *Private Hospitals and Health Services Act 1927*, including the possession of a lease that allows all necessary building works to be undertaken in compliance with the Private Hospital Guidelines, associated regulations, codes and standards, as amended from time to time. Where the terms of the lease conflict with the requirements of the *Private Hospitals and Health Services Act 1927*, the *Private Hospitals and Health Services Act 1927* will prevail.
- 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 licence issued may be suspended or revoked.
- I am duly authorised to make this declaration.

Name:

Position:

Signature:

Date: / /

Section D: Ownership of premises

Assessment of the premises

What is the proposed date for occupation? Date : / /

Explanatory note: The proposed date for occupation is the date the first patient is admitted. Therefore, the date you require the licence to be issued.

Advise on the status of your building (please tick):

Currently occupied

Ready for occupation

Requiring renovation prior to occupation

To be built prior to occupation

Currently being built for occupation

If you have ticked 1 or 2, the following is required:

- a. Plans of the facility
- b. A schematic fire and emergency evacuation plan

If you have ticked 3, 4 or 5, the following is required:

The licence applicant is required to contact the Licensing and Accreditation Regulatory Unit (LARU) on 08 6373 2347 to arrange a meeting with the LARU Manager/Building Team to discuss the building approval process.

Once your application is completed, please notify the Licensing Team via email LARULicensing@health.wa.gov.au
A link to MyFT will then be sent to you along with instructions on how to upload your application documents electronically.

Please tick if submitted:

Current floor plans

Fire evacuation plan



Section E: Assessment of arrangements for management, staffing and equipment

Part of the assessment of an application for a licence involves a determination that the arrangements for management, equipment and staffing are satisfactory. Refer to the Licensing Standards for the Arrangements for Management, Staffing and Equipment.

You are required to provide the following:

1. Two organisational charts

- Corporate organisational chart showing the relationships between the company/licence holder and the facility.
- Facility organisational chart – line of authority.

2. Facility committee structure:

Provide a diagrammatic committee structure – this must include:

- Medical Advisory Committee, Credentialing Committee, Executive, Staffing, Occupational Health and Safety, Quality, and Infection Control (if applicable).
- Demonstrate the lines of communication and the reporting mechanism.

3. Staffing

- Document the number of staff and identify the type of staff (clinical and non-clinical) in each area and speciality (including non-clinical areas and procedural/theatre areas).
- For clinical staff include staff to patient ratio.

Please note: The information requested is the minimum requirement to enable an assessment to take place. The risk remains with the licence applicant if the information provided is in any way deficient.

Once application is completed, please notify the Licensing Team via LARULicensing@health.wa.gov.au

A link to MyFT will then be sent to you along with instructions on how to upload your application documents electronically.

Please tick if submitted:

Corporate organisational chart

Facility organisational chart

Facility committee chart

Staff

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

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