

# Variation of registration - transfer

Private hospitals and day procedure centres

## Guidelines for application for transfer of registration


The proprietor of a registered private hospital or day procedure centre may apply for the variation of registration of the establishment.

The Department assesses an application for the variation of registration in accordance with the criteria detailed in section 93 of the *Health Services Act 1988* (the Act). A variation of registration can be made for:

- change of the kind of establishment to which the registration applies; or
- transfer of the certificate of registration to another person who intends to become the proprietor of the establishment; or
- variation of any condition to which the registration is subject; or
- an alteration in the number of beds to which the registration relates; or
- variation of the kinds of prescribed health services that may be carried out on the premises; or
- variation in the number of beds that may be used for specified kinds of prescribed health services.

These guidelines are specifically for the transfer of registration certificate to another person.

Should your application relate to any other kind of variation, please refer to the Guidelines for application for variation of registration, available on our website.

The symbol  indicates that a document is required to be attached to a submitted application.

### How to complete an application for transfer of registration

#### Current (outgoing) proprietor

##### 1. Schedule 5 form and prescribed fee



Applicants are required to complete Schedule 5 - Application for variation of registration of a private hospital or day procedure centre (see attached).

**The application must include the prescribed fee as indicated on the schedule 5 form. Cheques or money orders should be made payable to “Department of Health”. Payment by EFT is also available.**

Please note that only the registered proprietor (recorded on the current certificate of registration) can make an application for transfer of registration.

## 2. Inspection

The current (outgoing) registered proprietor should contact the Private Health Services Regulation Unit to arrange an inspection of the facility. The inspection will be conducted by an authorised officer of the Department (who may be accompanied by a building inspector). The inspection will focus on identifying matters relating to the fabric of the facility that would impact on the ongoing operation of the business such as safety, cleanliness, general state of repair and general compliance with the *Health Services (Private Hospitals and Day Procedure Centres) Regulations 2013*. An inspection report will be provided to registered proprietor and an action plan will be requested.

In preparation for the inspection, please provide the following documents:



- Building regulatory report by a registered building surveyor;

## Proposed (incoming) proprietor

### 3. Fitness and propriety of proposed proprietor

The Act requires the Department to ensure proposed proprietors of private hospitals and day procedure centres are fit and proper persons to operate the facility. The following documents must be provided for the person or entity who is the **proposed** (incoming) proprietor of the private hospital or day procedure centre.

The following table sets out the documents to be included:		
A. Natural Person (including Partnership)	B. Company	C. Incorporated Association or Other Body Corporate
Name of each person, residential address and contact telephone number(s) during business hours.	Name, address and telephone number of the registered company office.	Name, address and telephone number of the registered office of the incorporated association or body corporate.
	An Australian Securities and Investments Commission (ASIC) company extract search obtained with the previous 1 (one) month as evidence of the status of the company.	Certificate of Incorporation or other document as evidence of the status of the incorporated association or body corporate.
	The names of each of the directors (see attached form).	The most recent Annual Report or Annual Return.
	Where the company is a subsidiary, provide a complete company structure chart.	The names of each of the board/committee members or controlling office bearers and the offices held by each of these persons (see attached form).



For each natural person or for each director, board member or other office bearer as applicable, provide:

- a completed Statutory Declaration – Fitness and Propriety (see attached form);
- details of any relevant professional qualifications and curriculum vitae;
- two written professional references; and
- Police check certificate. Online applications can be downloaded from [http://www.police.vic.gov.au/content.asp?Document\\_ID=274](http://www.police.vic.gov.au/content.asp?Document_ID=274)

Complete form and send directly to Victoria Police. Please forward the original certificate to the Department (it will be copied and returned to you). Police Certificates must have been issued within the past 6 months.

**Please do not forward the police check application form to the Department.**



Provide a written statement as to whether any of the persons/entities listed above have ever been, or are at present, associated with a holder of a certificate of registration of a private hospital or day procedure centre (however titled) in Victoria or elsewhere in Australia. Where applicable, provide details.

Please note that if the proposed proprietor is not currently a proprietor of a private hospital or day procedure in Victoria, staff from the Private Health Services Regulation Unit will invite the proprietor or key officers/staff for a meeting to discuss the regulatory requirements.

#### **4. Financial capacity of the proposed proprietor**

When making a decision to transfer the registration to another person or entity, the Secretary or Delegate must consider whether the proprietor has and is likely to continue to have the financial capacity to carry on the establishment.

Please arrange for an appropriately qualified independent certified practicing accountant (CPA) or associate chartered accountant (ACA) to review the proposed proprietor's financial records and its capacity to operate the proposed health service establishment, and complete the attached form.

Generally registration of a health service establishment is for two years unless otherwise decided by the Secretary. The assessment of financial capacity should be made on the basis of the period of registration being two years.



Complete the Statement by an Independent ACA or CPA (see attached form).

Any disclaimer, qualification or reservation to this statement must be attached.

#### **5. Business name extract**



If it is proposed that the facility change its name following transfer, provide a copy of the Certificate of Registration of Business Name for the **new** name, which can be obtained from Consumer Affairs Victoria.

#### **6. Security of the tenure**

The Secretary is required to consider whether the proprietor's security of tenure over the premises will continue.



If the proposed (incoming) proprietor is the **purchasing** the land on which the private hospital or day procedure centre is conducted then please provide a written statement to this effect.

If the proprietor is **not** purchasing the land, then provide a written statement detailing the commercial or leasing arrangements that are in place and confirm that these arrangements will continue for the remainder of the period of registration.

## 7. Management, staffing and quality arrangements

The proposed (incoming) proprietor should provide details of key appointments and arrangements for ensuring the quality of the health services provided post transfer.



Please provide an outline of the proposed management and staffing arrangements of the service including key appointments such as Director of Nursing, Chief Executive Officer (however titled) and Medical Director.



Please indicate whether the facility will have the following after transfer of registration:

- a documented patient and staff complaints system (mandatory);
- an infection control and prevention strategy (mandatory);
- a policy and procedures manual;
- a quality improvement plan; and
- a clinical risk management program.



Please provide details of any changes to external accrediting body and accreditation program details post transfer.

## 8. Changes to bed numbers or types of prescribed services

The proposed proprietor should indicate whether there will be any changes to the types of services provided or bed numbers following transfer of registration.

## 9. Accuracy of information

It is an offence under section 151 of the Act to provide false or misleading information for the purposes of complying with the Act.

### Timeframes

The Secretary (or Delegate) has 60 days after receiving an application (comprising the scheduled form and prescribed fee) to inform the applicant of a decision. If the Secretary (or Delegate) requests the applicant to provide additional information, a decision must be made within 28 days of receipt of the information last requested or within the 60 day period, whichever is later. Proprietors should keep these timeframes in mind when submitting an application for assessment.

### Endorsement of Certificate

If the Secretary (or Delegate) approves the application, the Certificate of Registration or Renewal of Registration will be endorsed with the particulars of the new proprietor and the date of the transfer. Private Health Services Regulation Unit staff will contact you during the application process to arrange for the return of the original Certificate to the Department for endorsement. The Certificate will be returned by post after endorsement.

**Please note that a new Certificate will not be issued.**

**Completed applications should be sent to:**

Manager  
Private Health Services Regulation Unit  
Health Regulation and Reform Branch  
Department of Health  
GPO Box 4541  
MELBOURNE VIC 3001

If you require further information please contact the Private Health Services Regulation Unit on +61 (3) 9096 2164.

**Please note incomplete applications may be returned.**

## Variation of registration

Private hospitals and day procedure centres

## Checklist for application for transfer of registration

Please complete the checklist and return it with your application to Private Health Services Regulation Unit, Health Regulation and Reform Branch, Department of Health, GPO Box 4541, MELBOURNE VIC 3001.

Incomplete applications may be returned to applicant.

**Facility/Applicant name:**

**Facility address:**

No	Item	√	If not attached, please detail why (i.e. document not applicable)
<b>Current (outgoing) proprietor</b>			
1	Schedule 5 – Application for variation of Registration		
	Payment of prescribed fee attached		
2	Inspection arranged with PHSR Unit		
<b>Proposed (incoming) proprietor</b>			
3	<b>Please provide the appropriate information required for your kind of entity.</b>		
	<b>A. Natural person (including partnerships)</b>		
	Name, address etc		
	<b>B. Company</b>		
	Registered company office details		
	Australian Securities and Investments Commission (ASIC) company extract search obtained in previous one month		
	Names of directors (see attached form)		
	If subsidiary company, a company structure chart		
3 cont.	<b>C. Incorporated Association or other body corporate</b>		

No	Item	√	If not attached, please detail why (i.e. document not applicable)
	Registered office of the incorporated association or body corporate		
	Certificate of Incorporation or other documents		
	Most recent Annual Report or Annual Return		
	Names of board members or controlling office bearers (see attached form)		
	<b>For each director or board member or controlling office bearers include:</b>		
	Statutory Declaration – Fitness and Propriety		
	Police check certificate issued within the past 12 months (either original or certified copy)		
	Statement regarding previous registration		
4	Statement by independent accountant		
5	Business name extract for change of hospital name (if applicable)		
6	Security of tenure		
7	Statement about management, staffing and quality arrangements		
8	Changes to bed numbers/services (if applicable)		

## Application for the variation of the registration of a private hospital or day procedure centre – Schedule 5

### SECTION A

1. Full name of applicant (**proprietor**):
2. Postal address of applicant:
3. The name, telephone and facsimile numbers and email address of a contact person for the purposes of the application:

Name: T: M:

E: @ F:

### SECTION B

1. The nature of the variation sought:
  - change of the kind of establishment to which the registration applies
  - change the proprietor
  - transfer of the certificate of registration to another person who intends to become the proprietor of the establishment
  - variation of any condition to which the registration is subject
  - an alteration in the number of beds to which the registration relates
  - variation of the kinds of prescribed health services that may be carried on the premises



variation of the number of beds that may be used for specified kinds of prescribed health services

2. Details of the variation sought:

3. If the application relates to the transfer of the certificate of registration to another person, the name, postal address, telephone and facsimile numbers and email address of the proposed transferee.

Name:

T:

M:

Address:

P/code:

E:

@

F:

## **SECTION C**

In accordance with section 92(3) of the Health Services Act 1988, I have given notice in writing of this application to any other person who has an interest in the land as owner or lessee.

**Signature of applicant:**

**Name of each signatory (in BLOCK LETTERS)**

**Date:**

## NOTES:

(a) This application should be lodged with:

The Manager  
Private Health Services Regulation Unit  
Health Regulation and Reform  
Department of Health  
GPO Box 4541  
MELBOURNE VIC 3001

(b) The application must be accompanied by –

- (i) the prescribed fee (refer to [www.health.vic.gov.au/privatehospitals/fees.htm](http://www.health.vic.gov.au/privatehospitals/fees.htm) for the current prescribed fee), and;
- (ii) the documents listed in the applicable guide. Guides for assisting with the completion of applications are available either from the Private Health Services Regulation Unit or can be downloaded from the Unit's Internet site ([www.health.vic.gov.au/privatehospitals](http://www.health.vic.gov.au/privatehospitals))

Further information can be obtained from the Private Health Services Regulation Unit on +61 (3) 9096 2164.

# Registration

## Private hospitals and day procedure centres

### Director, board member or office bearer form for registration

The *Health Services Act 1988* requires the Secretary to assess the fitness and propriety of all directors or other officers of a body corporate who exercise or who may exercise control over a private hospital or day procedure centre.

Please complete this form for each director, board member or office bearer (as applicable) when applying for registration of a new private hospital or day procedure centre.

Name of private hospital / day procedure centre:

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Address of private hospital / day procedure centre:

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Postcode

#### Director's/Board Member's/Office Bearer's details

Surname: \_\_\_\_\_ Given name: \_\_\_\_\_

Date of appointment: \_\_\_\_\_

Name of person completing form: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



For each natural person or for each director, board member or other office bearer as applicable, provide:

- a completed Statutory Declaration – Fitness and Propriety;
- police check certificate issued within the past six months (either original or certified copy); &
- details of any relevant professional qualifications and curriculum vitae.

Please return completed form and appropriate supporting documentation to:

Manager

Private Health Services Regulation Unit

Health Regulation and Reform Branch

Department of Health

GPO Box 4541

MELBOURNE VIC 3001

If you require further information please contact the Private Health Services Regulation Unit on +61 (3) 9096 2164.

## Statement by accountant – registration

**Section 83(1)(c)(ii)** of the *Health Services Act 1988* (the Act) requires the Secretary to the Department, in determining an application for registration to consider whether the proprietor, or person who is likely to be proprietor, of the health services establishment has and is likely to continue to have the financial capacity to carry on the establishment.

The following statement is to be completed by a Certified Practicing Accountant or Associate Chartered Accountant. This statement is provided for the sole purpose of assisting the Department to assess an application for registration.

I, \_\_\_\_\_ being a Certified Practicing Accountant or Associate Chartered Accountant [*delete as applicable*], have considered all relevant documentation (including current and projected balance sheets, operating statements, statements of changes in equity, cash flow statements, a summary of significant accounting policies and other explanatory notes to and forming part of the financial report) pertaining to the abovementioned proprietor's or proposed proprietor's [*delete as applicable*] financial affairs in accordance with the auditing standards and auditing guidance statements issued by the relevant accounting bodies in Australia, and have formed an opinion that the applicant has, and is likely to continue to have, the financial capacity to operate \_\_\_\_\_ [*name of facility*] for the period of 2 years. I have/ have not [*strikeout as applicable*] attached any disclaimer, qualification or reservation applicable to this statement.

\_\_\_\_\_  
CPA/ACA Signature                      Date \_\_\_\_\_

\_\_\_\_\_  
Proprietor Signature                      Date \_\_\_\_\_

\_\_\_\_\_  
Name (BLOCK LETTERS)

\_\_\_\_\_  
Name (BLOCK LETTERS)

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
P/code \_\_\_\_\_

\_\_\_\_\_  
P/code \_\_\_\_\_

NB. Any disclaimer, qualification or reservation applicable to this statement should be attached.

# Statutory Declaration - fitness and propriety

## Private hospitals and day procedure centres

### Who needs to complete this form?

- The person who is the registered proprietor of a private hospital or day procedure centre; or
- Where the registered proprietor is a body corporate, all directors (executive and non-executive), board members or office bearers (as the case may be).

### Instructions on completing the form

- Please type or write your answers in block letters.
- Please ensure that you answer all questions.
- If you answer “yes” to any questions, please ensure that you provide details of the circumstances relating to that answer.
- Please ensure that your signature is witnessed and the witness signs the form to indicate that this has occurred and records his or her name.

### Privacy statement

The Department of Health (**the Department**) collects this personal information for the purposes of processing and considering an application for renewal of registration under the *Health Services Act 1988 (Vic)* (**the application**). The Department treats all personal information provided by an individual in support of the application in accordance with the *Information Privacy Act 2000 (Vic)* and the *Public Records Act 1973 (Vic)*. If you provide us with information about other individuals we rely on you to make them aware that such information will or may be provided to us as part of the application. Failure to provide some or all of the information requested may mean that the application cannot be processed.

We may share the personal information provided in this form within the Department and with third parties. The type of third parties to whom we may disclose the personal information includes service providers or other people or companies identified by you in this form who can assist us in verifying statements contained in this form. If the personal information is provided in support of an application by a body corporate, we may disclose the personal information contained in this form to other officers of the body corporate. The personal information may also be disclosed as required or permitted by law.

You can request access to or correct the information the Department holds about you under the *Freedom of Information Act 1982 (Vic)*. Please contact [privacy.complaints@health.vic.gov.au](mailto:privacy.complaints@health.vic.gov.au) should you wish to make an application or obtain a copy of the Department's Privacy Policy.

Authorised by the Victorian Government Melbourne. To receive this publication in an accessible format phone +61 (03) 9096 2164 or email [privatehospitals@health.vic.gov.au](mailto:privatehospitals@health.vic.gov.au)

Question	
<p>1. Have you ever</p> <ul style="list-style-type: none"> <li>• been convicted; or</li> <li>• found guilty; or</li> <li>• been a director or executive officer of a company that has been convicted or found guilty an offence under the <i>Health Services Act 1988 (Vic) Health Services (Private Hospitals and Day Procedure Centres) Regulations 2013</i>?</li> </ul>	<p style="text-align: center;"><b>YES (if yes provide details)</b>                      <b>NO</b></p>
<p>2. Are you, or were you previously</p> <ul style="list-style-type: none"> <li>▪ a proprietor; or</li> <li>▪ a director of a proprietor company; or</li> <li>▪ involved in a managerial capacity of any other health service establishment?</li> </ul> <p><b>NOTE:</b> <i>health service establishment</i> includes a private hospital, a day procedure centre or a supported residential service.</p>	<p style="text-align: center;"><b>YES (if yes provide details)</b>                      <b>NO</b></p>
<p>3. Are you or have you ever been declared bankrupt or been the subject of any order under the <i>Bankruptcy Act 1966 (Cth)</i>?</p>	<p style="text-align: center;"><b>YES (if yes provide details)</b>                      <b>NO</b></p>
<p>4. Have you been a director or executive officer of a corporation which became insolvent whilst you were director or executive officer?</p>	<p style="text-align: center;"><b>YES (if yes provide details)</b>                      <b>NO</b></p>

Question	
5. Have you ever been disqualified from acting as a director of a company or acting in the management of an incorporated association?	<b>YES (if yes provide details)</b> <span style="float: right;"><b>NO</b></span>
6. Have you ever <ul style="list-style-type: none"> <li>• been found guilty of any offence; or</li> <li>• been found to have contravened a civil penalty provision</li> </ul> under <ul style="list-style-type: none"> <li>• the <i>Corporations Act 2001</i> (Cth) or any of its predecessors Acts; or</li> <li>• the <i>Associations Incorporation Act 1981</i> (Vic); or</li> <li>• any equivalent act in another jurisdiction or jurisdictions?</li> </ul>	<b>YES (if yes provide details)</b> <span style="float: right;"><b>NO</b></span>
7. Has there ever been a finding of guilt against you for a criminal offence (except a conviction that is spent under any prescribed spent convictions scheme)?	<b>YES (if yes provide details)</b> <span style="float: right;"><b>NO</b></span>

**Declaration**

I declare that to the best of my knowledge, the information I have provided in this declaration is true and correct. I authorise the Secretary of the Department of Health (the Secretary) or her delegate or authorised officer to undertake any search or inquiry required for the verification of the answers and information provided in this declaration. I am aware that it is an offence under subsection 151(1) of the *Health Services Act 1988 (Vic)* to give false or misleading information or make false or misleading statements in purported compliance with the Act.

**Full name of Declarant [please print]:** \_\_\_\_\_

**Occupation of Declarant [please print]:** \_\_\_\_\_

**Address of Declarant [please print]:** \_\_\_\_\_

**Signature of Declarant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of witness: [please print]** \_\_\_\_\_