

Renewal of registration

Private Hospitals and Day Procedure Centres

Guidelines for renewal of registration of a private hospital or day procedure centre

Proprietors of private hospitals and day procedure centres may apply to renew the registration of a health service establishment.

What is the deadline for renewal applications?

The proprietor may apply for the renewal of registration at least 3 months before the expiry of the current registration. The expiry date can be found on the Certificate of Registration or Certificate of Renewal of Registration, which should be displayed prominently in your facility.

Who can make an application?

Please note that only the registered proprietor (recorded on the current Certificate of Registration or Certificate of Renewal of Registration) can make an application for renewal of registration. Where the proprietor is a company, incorporated association or other body corporate, applications may be signed by a director or chief executive officer/general manager of the health service establishment.

Is there a fee?

A fee applies to applications for renewal of registration. The fee is prescribed by the *Health Services (Private Hospitals and Day Procedure Centres) Regulations 2013* (the Regulations) and increases on 1 July each year. Please check the Private Hospitals website (www.health.vic.gov.au/privatehospitals) for the current fee. The fee payable also depends on when you make your application. If the application is made at least 3 months before the expiry of the registration, the prescribed fee is payable. If the application is made within the last 3 months of the registration, the applicant is required to pay an additional fee of one half of the prescribed fee. For example:

- applications made by 30 March (for June renewals) or 30 September (for December renewals) – prescribed fee applies; or
- applications made between 1 April and 30 June (for June renewals) or 1 October and 31 December (for December renewals) – prescribed fee **and** an additional 50% of the prescribed fee applies.

The Department of Health & Human Services (the Department) will provide invoices to assist you in paying your renewal fee.

What documents and information do I need to provide?

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

1. Schedule 5 form and prescribed fee

Only the registered proprietor (recorded on the current Certificate of Registration or Certificate of Renewal of Registration) may make an application for renewal of registration.

Applicants are required to complete Schedule 5 - Application for renewal of registration of a private hospital or day procedure centre (available for download from <http://www.health.vic.gov.au/privatehospitals/forms.htm>) and include the information and supporting documents as outlined below.



The application must include the prescribed fee as indicated on the Private Hospitals website - www.health.vic.gov.au/privatehospitals. Cheques or money orders should be made payable to "Department of Health & Human Services". Payment by EFT is also available. If payment was made by EFT, a copy of confirmation of payment is to be provided with the application.

2. Entity information

The Department also requests other information and documents in order to assess an application for renewal of registration in accordance with the mandatory criteria detailed in section 89 of the Act.

2 (A) – Natural Person (including partnerships)

Please ensure that you complete all parts and attach all documents.



ASIC current business name extract showing business name holder details **obtained in past 30 days**.

2 (B & C) – Company or Incorporated Association or other body corporate

Please ensure that you complete all parts and attach all documents.

Company



ASIC current business name extract showing business name holder details **obtained in past 30 days**.



ASIC company extract search showing registered company office details and listing all directors and office holders **obtained in past 30 days**.



Form REN1 - Completed list of directors, board members or office bearers in a company or incorporated association or other body corporate (available for download from <http://www.health.vic.gov.au/privatehospitals/forms.htm>).

Incorporated Association or other body corporate



Certificate of Incorporation or other documents (eg. ACNC register)



Most recent Annual Report or Annual Return



Form REN1 - Completed list of directors, board members or office bearers in a company or incorporated association or other body corporate (available for download from <http://www.health.vic.gov.au/privatehospitals/forms.htm>).

Probity

In order to assess the fitness and propriety of the proprietor (or directors or board members of proprietor companies or incorporated associations) the Department requires the following documents:



A completed Statutory Declaration – Fitness and Propriety (available for download from <http://www.health.vic.gov.au/privatehospitals/forms.htm>);



A National Police Record Check issued within the past twelve (12) months (see note 1 & note 2);



Provide a written statement of association as to whether any of the person/s listed 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.

NOTE 1: The Department will accept a National Police Record Check (certified copy only) from any of the following agencies:

- an agency accredited with Crimtrac (see <http://www.crimtrac.gov.au/> for further information) - *this is the preferred method as it has a quick response time;*
- Victoria Police;
- Australian Federal Police;
- A police force of another Australian State; or

NOTE 2: Certification of the National Police Check can be carried out by: Justice of the Peace, a Registered Nurse, Accountant, Bank Manager, Barrister, Solicitor, Police Officer, Registered Pharmacist, Medical Practitioner, Dentist, Chiropractor, Physiotherapist, Veterinary Surgeon, Optometrist.

3. Financial capacity

The Department must consider whether the proprietor has and is likely to continue to have the financial capacity to operate the establishment.



Please arrange for a qualified accountant to complete the Accountant's Statement (Form REN3). Your accountant may attach any disclaimer or qualification that he or she considers appropriate (available for download from <http://www.health.vic.gov.au/privatehospitals/forms.htm>).

4. Security of tenure

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



Please provide the following information;

If the proprietor **is the owner** of the land on which the private hospital or day procedure centre is conducted then a written statement to this effect must be provided.

If the proprietor **is not the owner** of the land then provide a copy of the lease or a written statement detailing the commercial or leasing arrangements that are in place and confirm that these arrangements will continue for the period of registration, which is ordinarily two years.

5. Bed numbers

Please confirm the number of beds that are used for each of the prescribed health services listed on the application.



The type of health service establishment and the number of beds used for each of the prescribed health services – please use REN4 form (available for download from <http://www.health.vic.gov.au/privatehospitals/forms.htm>).

6. Quality of health services

The Department uses various sources of information to assess whether the quality of health services provided is satisfactory. This includes reports of inspections conducted by the Department's authorised officers.



Please provide a copy of your current quality accreditation certificate.

7. Extra information



A completed renewal of registration-extra information form

8. 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.

What happens after an application is made?

Timeframes

Applications for renewal of registration are decided by the Secretary, Department of Health & Human Services (the Secretary) or Delegate. The Secretary (or Delegate) has 60 days after receiving “an application” (i.e. the Schedule 5 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.

What if the registration expires during the assessment process?

Providing a valid application for renewal of registration (comprising the Schedule 5 form and the prescribed fee) is made **prior** to the expiry of the current Certificate of Registration or Renewal of Registration, the registration is deemed to continue until the Secretary (or Delegate) makes a decision on the application.

Certificate of Renewal of Registration

When the application has been considered and deemed to meet the relevant criteria, the Secretary (or Delegate) will grant the application and issue a Certificate of Renewal of Registration. The Certificate of Renewal of Registration is usually for a period of two years and may have special conditions attached.

Contact:

For assistance or queries please contact **Private Hospitals Unit on 9096 2164**

Completed applications should be sent to:

The Manager
Private Hospitals
Department of Health & Human Services
GPO Box 4057
MELBOURNE VIC 3001

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Private Hospitals and Day Procedure Centres

Checklist for application for renewal of registration of a private hospital or day procedure centre

Please complete the checklist and return it with your application to Private Hospitals, Department of Health & Human Services, GPO Box 4057, MELBOURNE VIC 3001.

Incomplete applications may be returned to applicant.

Name of facility: _____

Facility address: _____

No.	Item	√	If not attached, please detail why (i.e. document not applicable)
1	Schedule 5 – Application for Renewal of Registration		
	Payment of prescribed fee (or copy of receipt of payment) attached.		
2	Please provide the appropriate information required for your type of entity.		
OR	A. Natural person (including partnerships)		
	Australian Securities and Investments Commission (ASIC) current business name extract obtained in previous one month showing business name holder details.		
	B. Company		
	Australian Securities and Investments Commission (ASIC) current business name extract obtained in previous one month showing business name holder details.		
	Australian Securities and Investments Commission (ASIC) company extract search obtained in previous one month showing registered company office details and listing all directors.		
	If subsidiary company, a company structure chart.		
	Directors, board members or controlling office bearers (REN1) form.		

No.	Item	√	If not attached, please detail why (i.e. document not applicable)
OR	C. Incorporated Association or other body corporate		
	Certificate of Incorporation or other documents (eg ACNC register).		
	Most recent Annual Report or Annual Return.		
	Directors, board members or controlling office bearers (REN1) form.		
2 cont.	For each sole proprietor, partnership or company director or board member or controlling office bearers include:		
	Statutory Declaration – Fitness and Propriety (REN 2)		
	Copy of Police check certificate issued within the past twelve months (must be a certified copy - see Note 2 in the guidelines).		
	Statement of association (see point 2 in guidelines)		
3	Statement by independent accountant (REN3).		
4	Security of tenure - (see point 4 in guidelines).		
5	Confirmation of bed numbers for prescribed services (REN4) – (see point 5 in guidelines).		
6	Current quality accreditation certificate.		
7	Extra information		

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Health Services (Private Hospitals and Day Procedure Centres) Regulations 2013

Private Hospitals and Day Procedure Centres

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

SECTION A

Please note that only the registered proprietor (recorded on the current Certificate of Registration or Renewal of Registration) can make an application for renewal of registration.

1. Full name of applicant/s (proprietor/s)

2. Postal address: _____

3. The name, telephone number and email address of a contact person for the purposes of the application:

Contact name: _____

Position: _____

Telephone no: _____

Email: _____

4. If the applicant is a body corporate, the name and address of any director or officer of the body corporate who may exercise control over the private hospital or day procedure centre:

Contact name: _____

Address: _____

SECTION B

1. Name of the private hospitals of day procedure centre:

2. Street address: _____

3. Postal address: _____

4. Telephone no: _____
5. Date of expiry of current registration: _____

SECTION C

In accordance with section 88(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/s:

Name of each signatory (in BLOCK LETTERS):

Date: _____

NOTES:

- (a) This application should be posted to:

The Manager
Private Hospitals
Department of Health & Human Services
GPO Box 4057
MELBOURNE VIC 3001

- (b) The application must be accompanied by –

- (i) the prescribed fee (refer to www.health.vic.gov.au/privatehospitals/fees for the current prescribed fee).
- (ii) the documents listed in the applicable checklist. Guidelines for assisting with the completion of applications are available either from the Private Hospitals Unit or can be downloaded from the Unit's website www.health.vic.gov.au/privatehospitals/forms

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Directors, board members or office bearers (REN1)

Supporting information: Please list all directors, board members or office bearers of the proprietor company or incorporated association. Please note that the Department of Health & Human Services will undertake enquiries to confirm that this list is complete.

For each person please attach:

- a completed Statutory Declaration – Fitness and Propriety; and
- a National Police Record Check issued within the past twelve months (a certified copy).

Proprietor:	Attached (please tick):	
Names of directors, board members or office bearers:	Stat Dec - fitness and propriety	Police Check (certified copy)

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Statutory Declaration- fitness and propriety (REN2)

Private Hospitals and Day Procedure Centres

Who needs to complete this form?

- The person, including partnerships, who is the registered proprietor of a private hospital or day procedure centre; or
- Where the registered proprietor is a company, incorporated association or 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, you must provide details of the circumstances relating to that answer.
- Your signature must be witnessed and the witness must sign the form to indicate that this has occurred and records his or her name.

Privacy statement

The Department of Health and Human Services (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 information about other individuals you must make them aware that such information will or may be provided as part of the application. **Failure to provide some or all of the information requested may mean that the application cannot be processed.**

Personal information provided in this form may be used within the Department and with third parties. The type of third parties to whom disclosure may be made includes service providers or other people or companies identified by you in this form who may assist in verifying statements contained in this form. If the personal information is provided in support of an application by a person, company, incorporated association or body corporate, the Department may disclose the personal information contained in this form to other officers of the company, incorporated association or 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 should you wish to make an application or obtain a copy of the Department's Privacy Policy.

1. Please complete the following:	Title:		First name:	
	Middle name:		Surname:	
	Phone no:		Mobile no:	
	Email:			
	Date of birth: (dd/mm/yyyy)		Place of birth:	
	Residential address:			
	Address line 1:			
	Address line 2:			
	Suburb/Town:			
	State:		Postcode:	
	Postal address			
	Address line 1:			
	Address line 2:			
	Suburb/Town:			
State:		Postcode:		

2. Please provide details of any former names or other names you may be known by: <i>Please attach evidence of change of names, such as a copy of a certified marriage certificate.</i>	

3. Please attach a certified copy of one of the following evidence of your identity: a. a current passport; or b. a current driver's licence, or c. a current proof of age card. <i>Certification of a document can be carried out by: Justice of the Peace, Registered Nurse, Accountant, Bank manager, Barrister, Solicitor, Police Officer, Registered Pharmacist, medical Practitioner, Dentist, Chiropractor, Physiotherapist, Veterinary Surgeon, Optometrist.</i>
--

4. Are you a registered practitioner with the Australian Health Practitioner Regulation Agency (AHPRA)?	<input type="checkbox"/> Yes ➤ Please provide registration number:																		
	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																		
<input type="checkbox"/> No																			

-
5. Are you, or were you previously
- a proprietor; or
 - a director of a proprietor company; or
 - involved in a managerial capacity of any health service establishment?

NOTE: health service establishment includes a private hospital, a day procedure centre or a supported residential service.

☐

Yes



Please provide details of all roles:

Name of the service	Service location (State)	Date: from/to

☐

No

-
6. Are you currently a party in any capacity in either criminal or civil proceedings before a:

- court;
- tribunal; or
- other adjudication body, including a professional/registration/licensing body?

☐

Yes



Please provide details incl. date and type of conviction:

☐

No

-
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)?

☐

Yes



Please provide details incl. date and type of conviction:

☐

No

8. Have you ever:

- been convicted; or
- found guilty; or
- been a director or executive officer of a company that has been found guilty of an offence under the *Health Services Act 1988* (Vic) or the *Health Services (Private Hospitals and Day Procedure Centres) Regulations 2013*

☐

Yes



Please provide details incl. date and type of conviction:

☐

No

9. Are you or have you ever been declared bankrupt or been the subject of any order under the Bankruptcy Act 1966 (Cwlth)?

☐

Yes



Please provide details:

☐

No

10. Have you been a director or executive officer of a corporation which became insolvent whilst you were a director or executive officer?

☐

Yes



Please provide details:

☐

No

11. Have you ever been disqualified from acting as a director or acting in the management of an incorporated association?

☐

Yes



Please provide details:

☐

No

12. Have you ever:

- contravened any civil penalty provision under the **Corporations Act 2001 (Cwlth)** or any of its predecessors;
- contravened the **Associations Incorporation Act 1981 (Vic)** or any equivalent in another jurisdiction or jurisdictions; or
- been found guilty of any offence in relation to corporate or regulatory matters?

☐

Yes



Please provide details including date and type of conviction:

☐

No

Declaration

I, _____ (insert full name of person signing the declaration)

of, _____ (insert address)

am a _____ [Insert position/title of applicant (eg. proprietor, partner, director)]

I declare that:

1. The information provided in this declaration (including any attachment) is true, complete and correct;
2. I have read and understood and I agree to the conditional and the associated material contained in this form;
3. I understand that the Department of Health & Human Services will have the right (but not obliged) to act in reliance upon the contents of this form, including its attachments;
4. The Department of Health & Human Services is authorised to verify any information provided in this form;
5. I am aware that it is an offence to give false and misleading information or make false and misleading statements and that I may be subject to penalties under section 151 (1) of the *Health Services Act 1988* (Vic).

Signature of Declarant: _____ Date: _____

Signature of witness: _____ Date: _____

Name of witness (please print) _____


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Accountant's Statement (REN3)

Section 89(b)(ii) of the *Health Service Act 1988* (the Act) requires the Secretary of the Department of Health & Human Services (the Department) to consider whether the proprietor of a health service 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 qualified accountant. This statement is provided for the sole purpose of assisting the Department to assess an application for renewal of registration made under the Act.

Name of facility:		
Name of registered proprietor:		
Accounting practice business name:		
Accountant's address:		
		Postcode:
Qualification (please tick):		
Chartered Accountant	<i>Certified Practising Accountant</i>	Public accountant
I have considered all relevant documentation relating to the financial affairs of the above proprietor. I am satisfied that at the time of making this statement, the proprietor:		
<ul style="list-style-type: none">• has, and is likely to continue to have, the financial capacity to operate the facility for a period of two (2) years; and• is able to pay its debts when they become due and payable.		
 Please attach any qualifications to, or explanations of, the above statement that you may wish to make.		

Signature of accountant:

Name of signatory
(in BLOCK LETTERS):

Date:

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Confirmation of bed numbers (REN4)

The Department of Health & Human Services requires confirmation of the number of beds to be used for each of the prescribed health services.

Name of private hospital or day procedure centre: _____

Please indicate (✓) the type of health services establishment and number of beds for each type of health service and/or speciality service.

Private Hospital <input type="checkbox"/>	Number of beds	Day Procedure Centre <input type="checkbox"/>	Number of beds
Medical health services		Medical health services	
Surgical health services		Surgical health services	
Speciality health services for the provision of:		Speciality health services for the provision of:	
Artificial insemination		Artificial insemination	
Assisted reproductive treatment		Assisted reproductive treatment	
Cardiac services		Cardiac services	
Emergency medicine		Emergency medicine	
Endoscopy		Endoscopy	
Intensive care		Mental health services	
Mental health services		Obstetrics	
Neonatal services		Oncology (chemotherapy)	
Obstetrics		Oncology (radiation therapy)	
Oncology (chemotherapy)		Renal dialysis	
Oncology (radiation therapy)		Specialist rehabilitation services	
Renal dialysis		Total number of beds	
Specialist rehabilitation services			
Total number of beds			

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