

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 6 form and prescribed fee

 Applicants are required to complete Schedule 6 - Application for variation of the registration of a private hospital or day procedure centre (available for download from www.health.vic.gov.au/privatehospitals) and include all the information 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.

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

Proposed (incoming) proprietor

2. Entity information

2 (A) – Natural Person (including partnerships)

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



Name and address of each person including residential address, contact email and contact telephone number(s) during office hours.



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 the Australian Securities & Investments Commission (ASIC).

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

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

Company



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 the Australian Securities & Investments Commission (ASIC).



ASIC company extract search showing registered company office details and listing all directors and office holders or Australian Charities & Not-for-profits Commission (ACNC) register **obtained in past 30 days**.



If a subsidiary company, a company structure chart



Completed 'Director, board member or office bearer form for registration' for each director (available for download from (www.health.vic.gov.au/privatehospitals)).

Incorporated Association or other body corporate



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



Most recent Annual Report or Annual Return



Completed Director, board member or office bearer for registration form' (available for download from (www.health.vic.gov.au/privatehospitals)).

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 (REN 2)' (available for download from (www.health.vic.gov.au/privatehospitals));



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



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 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 accredited provider of National Police Checks e.g. *Fit2work* (see <http://www.fit2work.com.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, and an Optometrist.

3. 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.

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 accountant – application for registration of a private hospital or day procedure centre' (available for download from www.health.vic.gov.au/privatehospitals)

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

4. 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.

5. 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.

6. 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.

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 Hospitals 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:

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

If you require further information please contact the Private Hospital Branch on (03) 9096 2164.

Please note incomplete applications may be returned.

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Available at <http://www.health.vic.gov.au/privatehospitals>

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 The Manager, Private Hospitals, Department of Health and Human Services, GPO Box 4057, MELBOURNE VIC 3001.

Incomplete applications may be returned to applicant.

Facility name: _____

Facility address: _____

No	Item	√	If not attached, please detail why (i.e. document not applicable)
Current (outgoing) proprietor			
1	Schedule 6 – Application for variation of registration		
	Payment of prescribed fee attached		
Proposed (incoming) proprietor			
2 OR	Please provide the appropriate information required for your kind of entity.		
	A. Natural person (including partnerships)		
	Name, address etc		
	Certificate of Registration of Business Name for new name of facility (if applicable)		
	B. Company		
	Certificate of Registration of Business Name for new name of facility (if applicable)		
	Australian Securities and Investments Commission (ASIC) company extract search (showing registered company office details) or Australian Charities & not-for-profits Commission (ACNC) register		
	If subsidiary company, a company structure chart		
	Director, board member or office bearer form for registration for each director		

OR	C. Incorporated Association or other body corporate		
	Registered office of the incorporated association or body corporate		
	Certificate of Incorporation or other documents		
	Most recent Annual Report or Annual Return		
	Director, board member or office bearer form for registration for each board member or office bearer		
	For each natural person, director or board member or controlling office bearers include:		
	Statutory Declaration – Fitness and Propriety (REN2)		
	Police check certificate issued within the past twelve months (certified copy)		
	Statement regarding previous registration		
	3	Statement by independent accountant	
4	Security of tenure		
5	Statement about management, staffing and quality arrangements		
6	Changes to bed numbers/services (if applicable)		

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

Schedule 6

Application for variation of registration of a private hospital or day procedure centre - Schedule 6

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:

Manager
Private Hospitals
Department of Health and 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.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)

If you require further information please contact the Private Hospital Branch on +61 (3) 9096 2164.

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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:

Address of private hospital / day procedure centre:

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 director, board member or other office bearer as applicable, provide:

- a completed Statutory Declaration – Fitness and Propriety (REN2);
- police check certificate issued within the past 12 months (certified copy only); &
- details of any relevant professional qualifications and curriculum vitae.

Please return completed form and appropriate supporting documentation to:

The Manager
Private Hospitals
Department of Health
GPO Box 4541
MELBOURNE VIC 3001

If you require further information please contact the Private Hospitals Branch on (03) 9096 2164.

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.**

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.

4. Are you a registered practitioner with the Australian Health Practitioner Regulation Agency (AHPRA)?	<input type="checkbox"/>	Yes	➤	<i>Please provide registration number:</i>											
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	<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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Registration

Private Hospitals and Day Procedure Centres

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.

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