



Ceasing to Operate a Licensed Health Facility (excluding private psychiatric hostels)

Instructions:

Complete this form once you have notified (in writing) the Manager of the Licensing and Accreditation Regulatory Unit (LARU) of your intention to cease operating or to close a licensed private hospital, day hospital, nursing post or nursing home, henceforth collectively referred to as a licensed health facility. All further references in this form to ceasing operating as a licensed health facility may also refer to closure of a licensed health facility.

1. This form is to be completed with reference to the LARU *Notification of ceasing to operate a licensed health facility* document and provided to the LARU once business at the licensed health facility has ceased.
2. The form can be completed electronically or in hard copy and the declaration must be signed by the licence holder or authorised delegate.
3. Please return the completed form to LARULicensing@health.wa.gov.au.
4. Reception phone (08) 6373 2347 for any further enquiries.

FACILITY DETAILS

Name	
Address	

LICENCE HOLDER DETAILS

Name		
Position Title		
Address		
Contact details	Phone:	Email:

DATE CEASED TO OPERATE AS A LICENSED HEALTH FACILITY

Cessation date	
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Notifications completed prior to ceasing business as a licensed health facility		Date Actioned	Person who Actioned
Written notification was provided to the LARU Manager at least 4 working weeks in advance of the cessation date.			
All staff at the licensed health facility were notified (in writing) of the intention to cease operating as a licensed health facility in a timely manner.			
The Chief Pharmacist, Department of Health was requested to cancel the Poisons' Licence for the licensed health facility.			
The Commonwealth Department of Health was notified of the cessation of business as a licensed health facility.			
Health Funds were notified of the intention to cease operating as a licensed health facility in a timely manner.			
Matters to be addressed prior to ceasing business as a licensed health facility		Date Actioned	Person who Actioned
Ensure website/messaging services advise of ceasing operation as a licensed health facility			
Arrange for suitable storage of all patient information related to the licensed health facility, as required under Australian Standard 2828, and provide the following details:			
Address of Storage			
Name of contact person (if access to records are required e.g. for a coronial inquiry)			
Phone number of contact person			
Email of contact person			
Once business as a licensed health facility has ceased			
Sign the below declaration and return completed form and licence to the LARU.			

LICENCE HOLDER OR AUTHORISED DELEGATE DECLARATION

I declare as the (circle one) Licence Holder or Authorised Delegate
that:

No health services as determined for the purposes of the definition of day hospital facility (s. 8(1) of the *Health Services Act 2016*) and as outlined in 3(2) of the *Health Services (Day Hospital Facility) Determination 2016* that being:

- (a) a procedure that involves the administration of a general, spinal or epidural anaesthetic;
- (b) a procedure performed under sedation, plexus blockage or Biers Block;
- (c) a procedure that involves the invasion of a sterile body cavity;
- (d) peritoneal dialysis and haemodialysis for the treatment of end stage renal failure;
- (e) a psychiatric programme that –
 - (i) is for a patient who has a mental illness; and
 - (ii) is provided by a multi-disciplinary team under the direction and supervision of a psychiatrist; and
 - (iii) is a half or full day programme that consists of more than one type of mainstream therapeutic activity.

will be conducted following the ceasing of operating as a licensed health facility and cessation of the licence.

- The information contained in this form is true and correct; and
- I am duly authorised to make this declaration.

Name	
Position title	
Signature	
Date	

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

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