



Private psychiatric hostel new licence application

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

Private psychiatric hostel

The application form has 5 sections:

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. Building Guidelines, Psychiatric Hostels (For the construction, establishment and maintenance of Psychiatric Hostels). October 2017.
3. Licensing Standards for the Arrangements for Management, Staffing and Equipment. Private Psychiatric Hostels, October 2017.
4. Licensing Standards for Approved Supervisor, October 2017.

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
• 501 or more	\$19,110.00

Please email LARULicensing@health.wa.gov.au when you have completed this package and a link will be sent to you with a set of instructions on how to upload application documents in sections and return to the above email address electronically via MyFT.

Please also call LARU Reception on (08) 6373 2347 to arrange a meeting regarding your licence should you require further assistance with your application.

Additional information can be viewed on the Licensing and Accreditation Regulatory Unit website at http://www.health.wa.gov.au/private_licensing



Section A: Demographic information

Facility details

Licence applicant name:

Name of hostel:

Facility address:

Suburb:

Post code:

PO box:

PO box suburb:

PO box post code:

Facility phone:

Licence holder

Salutation: Mr Mrs Ms Miss Dr

First name:

Surname:

Position title:

Postal address:

Mobile:

Email:

Hostel manager

Salutation: Mr Mrs Ms Miss Dr

First name:

Surname:

Position title:

Mobile:

Email:

What is the date you require your licence? / /

Please note: Be advised a minimum of 30 days is required to process your licence application.

Section A: Demographic information

Number of registered beds

Are you registered as a lodging house? Yes No

Number of licensed beds for persons with mental illness
(as defined under Section 4 of the *Mental Health Act 2014*)

Number of beds registered as a lodging house:

Number to be identified on the licence:

Care services to be offered at hostel

Please tick if applicable

Mental health: Residential care for persons who are socially dependent because of mental illness as defined under Section 6 of the Mental Health Act

Other:

Licence applicant or authorised delegate confirmation of services provided at facility

I declare that the information supplied is correct

Name:

Position:

Signature:

Date: / /



Section B: Proposed functionality of facility

In assessing an application for a private hospital, private day hospital, private nursing home, private 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 outline of '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 statement should be no more than 3 pages. 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 the overview of your Proposed functionality of facility, which briefly outlines the following points:

- General information
- Name of the 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
- Hours of operation
- Funding mechanism – for profit, not for profit

Clinical service

- The medical procedures, surgical procedures and psychological services to be provided
- Throughput – number of beds by category, maximum numbers of patients to be treated at any one time and intended throughput (per area/speciality and average number per day)
- Referral mechanism
- The intended age range of patients and proportion of ages (where relevant)

Building

- Building Classification (BCA)
- Age of the facility
- Anticipated life of the facility
- Outline the layout of the rooms in the facility (name the facility rooms) – include the number of single, double and multiple rooms
- Will there be phased building works – advise of planned time frames, how services will be maintained, temporary accommodation requirements and how patients will be managed during building works

Section B: Proposed functionality of facility

Staffing

- Intended staff mix and staff to patient ratio – per area/speciality
- Support staff

Support services

- Equipment and infrastructure
- Infection control
- Food services
- Laundry and linen
- Information technology/communications
- Fire and security
- Car parking
- Transport – location to public transport
- Security
- Waste management
- Asset management/facility maintenance



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.

Please tick which is most appropriate to the licence applicant

Company

Firm/partnership

Statutory body

The licence applicant is required to provide the following:

1. Demographic information.
2. Birth certificate/s.
If the name has changed since birth certification – legal documentation of change to be provided. (e.g. certified deed poll or marriage certificate)
3. If relevant, copies of:
 - a. the certificate of statutory body number
 - b. the specific legislation of incorporation
 - c. any change of identity
4. Character references: one for each person charged with management responsibility under the relevant legislation, and the company secretary
5. Current (dated within 6 months of application date) national police clearance certificate for each person charged with management responsibility under the relevant legislation
6. Licence applicant's character and reputation declaration
7. Primary financial institution financial reference
8. Independent accountant financial certification
9. Licence applicant's financial declaration
10. Copies of certificates of currency for the following classes of risk, including the amount of insurance cover:
 - a. professional indemnity
 - b. medical malpractice insurance if relevant
 - c. building or industrial special risks insurance
 - d. public liability
 - e. workers' compensation, or if a self-insurer
11. Details of the operational management team, that being:
 - a. positions (include the Chief Executive Officer, Facility Manager, Quality Manager) however titled
 - b. qualifications
 - c. experience

Section C: Assessment of licence applicant

12. Operational Management Teams Competency Declarations
13. Written information of any outstanding criminal charges and criminal convictions (other than spent convictions) made against them or anyone involved in the management of the facility
14. 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*
15. Written documentation (details and outcome) of any referrals or complaints by any professional registration board or association
16. 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 – company/firm partnership/statutory body

Demographic information: licence applicant: please tick which is most applicable

Company

Firm/partnership

Statutory body

Individual

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

ACN:

ABN:

Registered business name:

Address:

Post code:

PO box:

PO suburb:

PO post code:

Contact numbers: Phone:

Mobile:

Licence holder

Salutation:

Mr

Mrs

Ms

Miss

Dr

First Name:

Surname:

Position Title:

Direct contact numbers: Phone:

Mobile:

Email address:

Section C: Assessment of licence applicant

Names of board members/company directors/company secretary/directors

Name

Term of office

Name	Term of office

Section C: Assessment of licence applicant

Licence applicant financial declaration

Explanatory note: The person signing this declaration must be either the licence applicant or authorized delegate.

I declare that

(Name of the company/individual/firm/partnership/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 not employed by the licence applicant.

I, _____
(Name and qualifications of accountant)

of _____
(Name and address of firm)

having reviewed the financial records of _____
(Name of company)

Declare that: _____
(Name of company)

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.

Signature: _____ Date: / /

Name: _____ CPA Australia membership number: _____

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) _____

and contact number _____

confirm that (the company) _____

- has maintained a business account at the above-mentioned financial institution since
- during this time they have conducted their accounts in a satisfactory manner
- in accordance with the terms and conditions of the accounts.

Signature _____ Date ____ / ____ / ____

Name _____

Section C: Assessment of licence applicant

Licence applicant – character and reputation 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 all Directors/Company Secretary and or Partner of

(Insert name of company/individual/firm/partnership/statutory body)

1. have no charges or convictions of a criminal offence
2. have not been investigated for breaches of the *Corporations Act 2001* (or any other Act administered by the Australian Securities Investments Commission) or the Trade Practices Act
3. have no referrals or complaints by any professional registration board or association
4. no person/s involved in the management or ownership of the facility has ever been declared bankrupt
5. I am duly authorised to make this declaration
6. 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

Operational management team competency declaration

Explanatory note: A declaration must be completed for each of the following – Chief Executive Officer, Authorised Delegate, Facility Manager (however titled).

I, _____ (Name)

of _____ (Name of the facility)

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
- I understand the duties and obligations to conduct the facility.

Signature: _____ Date: / /

Name: _____ Position: _____

Licence applicant signature: _____ Date: / /

Licence applicant name: _____



Supportive documentation

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 copies of the following:

Birth certificate/s

If name has changed since birth certification – legal documentation of change to be provided.
(e.g. certified deed poll or marriage certificate)

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

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

Licence applicant's character and reputation declaration

Primary financial institution 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

- a. professional indemnity
- b. medical malpractice insurance
- c. building or industrial special risks insurance
- d. public liability
- e. workers' compensation, or if a self-insurer.

Details of the operational management team, that being

- a. positions (include the Chief Executive Officer, Facility Manager (however titled)
- b. qualifications
- c. experience

Operational management teams competency declarations

Written information on any outstanding criminal charges, criminal convictions (other than spent convictions) made against them or anyone involved in the management of the facility. Include bankruptcy and or complaints.

Facility plans - as constructed (e-copies)

Fire evacuation plan

Organisation chart

Staff arrangements



Section D: Ownership of premises

Part of the assessment of an application for a licence involves a determination that the premises are approved. Refer to the Building Guidelines.

You are required to advise on:

1. The licence applicant is owner of the premises
(if yes, sign declaration for ownership)
2. The licence applicant is purchasing the premises
(if yes, sign declaration from an existing Licence Holder)
3. Licence applicant is leasing the premises
(if yes, sign declaration for lease of premises)

Ownership 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)

Declare that:

1. the licence applicant has ownership of the premises of the licensed private health facility
2. 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
3. I am duly authorised to make this declaration

Name

Position

Signature

Date: / /

Section D: Ownership of premises

Purchasing premises from existing licence holder

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)

Declare that:

1. I have discussed the proposed date of transfer with the current licence holder.
2. The current licence holder and I have agreed the premises will be sold and the business handover will occur
on or about _____ (Insert date)
3. I am aware and I have advised the current licence holder that the Licensing and Accreditation Regulatory Unit may require this date to change due to assessment of the licence application.
4. 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.
5. I am duly authorised to make this declaration.

Name

Position

Signature

Date: / /

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)

_____ (Insert position)

of _____ (Insert address)

Declare that:

1. the owner of the building is: _____ (Insert name)

_____ (Insert address)

contactable on: _____ (Insert telephone number)

2. 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.

3. 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

4. I am duly authorised to make this declaration.

Name

Position

Signature

Date: / /

Section D: Ownership of premises

What is your proposed date for occupation? / /

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:

1. Currently occupied
2. Ready for occupation
3. Requiring renovation prior to occupation
4. To be built prior to occupation
5. 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:

- a) The licence applicant is required to contact the Licensing and Accreditation Regulatory Unit (LARU) (6373 2347) to arrange a meeting with the LARU Director to discuss the building approval process.



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, staffing and equipment are satisfactory. Refer to Licensing Standards for Arrangements for Management, Staffing and Equipment.

You are required to provide the following:

1. Two organisational charts:
 - a) Corporate organisational chart showing the relationships between the company/licence holder and the facility
 - b) Facility organisational chart
2. Staffing:
 - a) Document the number of staff and identify the type of staff in each area

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.

Numbers and category of staff

- a) Number of approved supervisors (**Refer to private hospitals licencing and conduct of private psychiatric hostels) Regulations 1997.**
- b) Number of other staff:

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

Approved supervisors (application forms are available on the Licensing and Accreditation Regulatory Unit website)

Proposed approved supervisor name	First aid certificate expiry date	Police clearance expiry date
Other staff name	Position	Function

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

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