



Private nursing home new licence application form

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

- 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. Licensing Standards for the Arrangements for Management, Staffing and Equipment. Nursing Homes.
3. Current WA Health Facility Guidelines for Engineering Services
4. Current WA Health Facility Guidelines for Architectural Requirements

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 |
| • More than 501 persons to be accommodated | \$19,110.00 |

On completion of the application package, please email LARULicensing@health.wa.gov.au, an email will be sent to you inviting you to join MyFT (a document sharing platform), along with a set of instructions on how to upload/download documents and return them to the Licensing and Accreditation Regulatory Unit (LARU) electronically.

Additional information can be viewed on the LARU website at http://www.health.wa.gov.au/private_licensing



Section A: Demographic information

Licensing applicant nursing home

Name of licence applicant:

Mobile:

Email:

Anticipated date you require your licence: / /

Please note: A minimum of 30 days is required to process your licence application

Facility details

Name of facility:

Facility address:

Suburb:

State:

Post code:

Phone:

Email:

PO box no:

Suburb:

Post code:

ABN:

ACN:

Chief Executive Officer/General Manager (however titled)

Salutation: Mr Mrs Ms Miss Dr Prof

First name:

Last name:

Position title:

Address:

Suburb:

State:

Post code:

Phone:

Mobile:

Email:

Section A: Demographic information

Services offered please tick

Disability

Other:

Proposed number of residents

These figures will be used to determine the maximum number of residents that can be treated at any one time and the number of beds that you will be licenced for.

Please refer to the definition of a 'bed' in your Licensing Standards when calculating this number.

Resident beds	Resident beds	Number of beds
	Beds	
	Total number of beds	

Declaration – Licence holder/authorised delegate

I declare that the above information regarding services and maximum beds is correct

Name:

Signature:

Position:

Date: / /



Section B: Proposed functionality of facility

In assessing an application for a Nursing Home Licence, the Director General of Health has a duty to approve the licence applicant, the premises and the arrangements for management, staffing and equipment. The '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 should be no more than 3 pages and 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 your proposed functionality of facility which briefly outlines the following points:

The application form has 5 sections:

General information

- Name of licence applicant/owner/company/firm/partnership/statutory body
- Name of facility
- Address of facility
- Primary function of the facility and 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
- Days and hours of operation
- Funding mechanism: for profit/not for profit/government/health-fund/self-insurers

Clinical services

- Medical, nursing psychological services offered to residents as applicable
- Anticipated through-put e.g., number of beds, maximum number of residents cared for at any one time
- Referral mechanisms
- Intended age range of patients where relevant:
 - adults aged 18 years and over
 - types of disabilities to be cared for
 - level of dependency.

Section B: Proposed functionality of facility

Building

- Building Classification (BCA)
- Age of facility
- Anticipated life of facility
- Provide electronic copies of floor plans that are appropriately labelled
- Advise if there will be phased building works, planned time frames, how services will be maintained (if required), temporary accommodation requirements and how patients will be managed during building works

Staffing

- Intended staff mix and staff to resident ratio
- Support staff

Support services

- Asset management
- Ambulance access if applicable
- Car parking
- Equipment and infrastructure
- Facility maintenance
- Food services
- Infection control
- Information technology/communications
- Fire and security
- Laundry and linen
- Sterile/consumables supplies if applicable
- Security
- Transport – access to public transport
- Waste management
- Office space



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.

The licence applicant is required to provide the following: (please tick if submitted)

Demographic information

Birth certificate/s

- If name has changed since birth certification, legal documentation of change to be provided. (E.g., certified deed poll, marriage certificate etc.)

If applicable, copies of:

- the certificate of statutory body number
- the specific legislation of incorporation
- any change of identity.

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

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

Licence applicant's character and reputation declaration

Primary financial institutional 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:

- professional indemnity
- medical malpractice
- building or industrial special risks
- public liability
- workers compensation, or if a self-insurer.

Details of the operational management team, however titled, that being:

- positions that include General Manager, Chief Executive Officer, Director of Nursing and Medical Director
- current CV or resume.

Operational management teams competency declarations

Written Information of any outstanding criminal charges, convictions (other than spent convictions) made against them, or anyone involved in the management of the facility

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*.

Written documentation (details and outcome) of any referrals or complaints by any professional registration board or association

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

Demographic information

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

ACN:

ABN:

Registered business name:

Business address:

Suburb:

Post code:

State:

PO box:

Post code:

State:

Phone:

Mobile:

Email:

Licence holder

Salutation: Mr Mrs Ms Miss Dr Prof

First name:

Last name:

Position title:

Address:

Suburb:

Post code:

State:

Phone:

Mobile:

Email:

Section C: Assessment of licence applicant

Names of board members or company directors (if applicable)

Note: Please provide current national police certification for each person

Names		Term of office
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

Section C: Assessment of licence applicant

Licence applicant financial 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

(Name of company/individual/firm/partnership/or 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 the declaration must be a Certified Practising accountant (CPA), and be a member of the CPA Australia and independent to licence applicant.

I, _____
Name and qualifications of accountant

of _____
Name and address of firm

having reviewed the financial records of _____
Name of company/individual/firm/partnership/statutory body

declare that _____
Name of 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. has, and will continue to have, the financial capacity to operate the facility and to pay its debts as and when they fall due.

Name: _____ Position: _____

Signature: _____ Date: / /

CPA Australia membership number: _____

Phone: _____ 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) _____

1. _____ has maintained a business account at the above-mentioned financial institution since: enter a date

2. _____ during this time, they have conducted their accounts in a satisfactory manner

3. _____ in accordance with the terms and conditions of the accounts.

Name: _____ Position: _____

Signature: _____ Date _____ / _____ / _____

Section C: Assessment of licence applicant

Independent accountant financial certification

The person completing and signing this declaration must:

Be a fully qualified accountant and hold full (not associate) membership of one of the following:

- a. CPA Australia
- b. Chartered Accountants Australia and New Zealand (CAANZ)
- c. Institute of Public Accountants (IPA)
- d. hold a public practice certificate (PPC)
- e. independent to licence applicant

Please sign the declarations below attesting to (i) and (ii).

I, _____
Name and qualifications of accountant

of _____
Name of company/individual/ firm/partnership/corporate or statutory body

Having reviewed the financial records of _____
Name of company/individual/ firm/partnership/corporate or statutory body

Declare that _____
Name of company/individual/ firm/partnership/corporate or 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. has, and will continue to have, the financial capacity to operate the facility and to pay its debts as and when they due.

Name: _____ Position: _____

Signature: _____ Date: / /

Phone: _____ Mobile: _____

Email: _____

Section C: Assessment of licence applicant

Declaration:

I declare that:

a. Hold current and full membership of

(enter one of CPA, CAANZ or IPA).

b. Hold a current public practice certificate (PPC).

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, Director of Nursing, Chief Finance Officer and Medical Director if applicable.

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.

Name:

Signature:

Date: / /

Licence applicant name:

Signature:

Date: / /

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/
and the Company Secretary of

Name of company/individual/firm/partnership/corporate or 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:

Phone:

Mobile:

Signature:

Date : / /

Section C: Assessment of licence applicant

Document check list

Once you have completed the application, please notify the LARU via LARULicensing@health.gov.wa.au

You will be emailed an invite to join MyFT, an electronic document transfer platform along with a set of instructions for you to upload/download all documents electronically.

Please tick if submitted:

Functional brief

Birth certificate

Character references

National police clearances and resumes

Financial declarations

Insurances

Corporate organisational and committee charts

Additional information



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

of Insert address

In the position of Insert position

Declare that:

The owner of the building is Insert name

of Insert address

Mobile:

Email:

- 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.
- 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.
- 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:

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.

Once your application is completed, please notify the Licensing Team via email LARULicensing@health.wa.gov.au
An invitation to join MyFT will then be emailed to you along with a set of instructions on how to upload/download your application documents electronically.

Please tick if submitted:

Current floor plans

Fire evacuation plan



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

You are required to provide the following:

1. Two organisational charts

- corporate organisational chart showing the relationships between the company/licence holder and the facility
- facility organisational chart – line of authority

2. Facility committee structure:

Provide a diagrammatic committee structure – this must include:

- Medical Advisory Committee, Credentialing Committee, Executive, Staffing, Occupational Health and Safety, Quality, and Infection Control (if applicable).
- Demonstrate the lines of communication and the reporting mechanism.

3. Staffing

- Document the number of staff and identify the type of staff (clinical and non-clinical) in each area and speciality (including non-clinical areas and procedural/theatre areas).
- For clinical staff include staff to patient ratio.

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.

Once application is completed, please notify the Licensing Team via LARULicensing@health.wa.gov.au

A link to MyFT will then be sent to you along with instructions on how to upload your application documents electronically.

Please tick if submitted:

Corporate organisational chart

Facility organisational chart

Facility committee chart

Staffing

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

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