Public Health Service Facility Accreditation Registration Form

This form must be completed by Public Health Service Providers (HSPs) delivering any public health services as part of a public hospital, public health service, public mental health service or public dental health service.

The Licensing and Accreditation Regulatory Unit (LARU) is the state regulator responsible for regulating accreditation of all public and private hospitals and private day hospitals (Class A) in Western Australia as per the Australian Health Service Safety and Quality Accreditation Scheme (the AHSSQA Scheme).

The National Safety and Quality Standards Accreditation Policy and Procedure MP 0134/20 sets the requirements for HSPs to achieve and maintain mandatory accreditation to national safety and quality standards (the Standards) as required by the AHSSQA Scheme.

Section 3.1.2 of the Procedure requires public HSPs to:

- Complete and submit this form to provide updated accreditation details to LARU annually by 31 October
- Notify LARU of any changes to the details provided in this form contemporaneously.

If you require assistance with the submission of this form, please contact LARU by email at LARUAccreditation@health.wa.gov.au or by telephone during standard business hours on (08) 6373 2347.

Details of the representative completing the registration form:

I confirm that the information contained in the Accreditation Registration Form is a true and correct record

Name:	
Position title:	
Date:	

Section A: Demographic Information

Note:

- Where the positions in Section A are currently vacant enter TBA in mandatory fields and advise LARU when a successful applicant is appointed
- When personnel are acting in the positions in Section A. enter the position, their name, contact details and period of acting position in the text box below.

WA Health Service Provider Group Details

E.g. WACHS Goldfields, EMHS RPBHG

Name of HSP Group:	
Office Street Address:	
Suburb:	
Postcode:	
Telephone:	
Email Contact:	
Office PO Box number:	
Suburb:	
Postcode	

Chief Executive

Preferred Salutation:			
First Name:			
Last Name:			
Position title:			
Telephone:		Mobile:	
Email contact:			
Acting position details (if applicable):			

Regional/Group Executive Director Quality/Safety/Governance

Preferred Salutation:			
First Name:			
Last Name:			
Position title:			
Telephone:		Mobile:	
Email contact:			
Acting position details (if applicable):			

Contact Person 1 for Accreditation Matters

Preferred Salutation:			
First Name:			
Last Name:			
Position title:			
Telephone:		Mobile:	
Email contact:			
Acting position details (if applicable):			

Contact Person 2 for Accreditation Matters (If applicable)

Preferred Salutation:			
First Name:			
Last Name:			
Position title:			
Telephone:		Mobile:	
Email contact:			
Acting position details (if applicable):			

Section B: Accreditation Information

This section is to confirm your contracted accreditation agency, identify all health services to be assessed under the contract and to provide the Australian Commission on Safety and Quality in Health Care (Commission) health service unique identifier for each service.

Accreditation agency name:	
Contract expiry date:	
Accreditation Program/s *(Tick applicable)* ***At least one option must be ticked***	☐ National Safety and Quality Health Service Standards ☐ *National Standards for Mental Health ☐ Other, please list (e.g., National Safety and Quality Primary and community Healthcare Standards):
Accreditation Cycle: ***At least one option must be ticked***	☐ Short Notice Assessment Pathway (SNAP) ☐ Planned Scheduled Assessment

*Accrediting agencies must ensure these standards are assessed independently of the NSQHS Standards

Section C: Assessment details

Assessment Information	Type (Planned/SNAP)	Date
Last accreditation assessment to NSQHS:		
Reassessment post last survey (if applicable, if not write N/A)		
Accreditation expiry date:		
Other Assessment date (if applicable:		

Section D: Public Health Service to assessed

Please record all the health services listed for assessment under the accreditation agency contract and the corresponding Commission unique identifier for the service.

Facility/Service Name	Commission Health Service Unique Identifier	Facility/Service Name	Commission Health Service Unique Identifier

Submit to LARUAccreditation@health.wa.gov.au

Produced by the Licensing and Accreditation Regulatory Unit © Department of Health 2023