



ACT
Government

ACT Health

Health Protection Service

Health Care Facility Licence Variation

Use this form to apply for a variation to a Health Care Facility Licence under the **Public Health Act 1997**. View the Act and its regulations at legislation.act.gov.au/a/1997-69/

How to complete this form

Please read the guidance at health.act.gov.au/businesses/licensing-and-registration/healthcare-facility-licensing or call the Health Protection Service on 02 5124 9700 before applying.

If you are changing location or the licensee details this variation form cannot be used. A **licence transfer application** or **new licence application** form must be completed and submitted to the Health Protection Service.

Complete this form using a black or blue pen and return to the Health Protection Service.

There is **no fee required** to submit this form.

This form may also be completed online at form.act.gov.au/smartforms/hps/health-care-facility-licence-variation

Attachments

A copy of the original licence certificate must be attached to this application.

Contact us

Health Protection Service

Email: hps@act.gov.au

Phone: 02 5124 9700

Fax: 02 5124 5554

By post: Locked Bag 5005

WESTON CREEK ACT 2611

In person: 25 Mulley Street

HOLDER ACT 2611

Privacy

The collection of personal information is required for the purposes of issuing a licence under the *Public Health Act 1997*.

The Health Protection Service prevents any unreasonable intrusion into a person's privacy in accordance with the *Privacy Act 1988 (Commonwealth)*.

If you have questions about how your information will be handled please see the ACT Health Privacy Notice at health.act.gov.au/privacy or contact us.

Need an interpreter?

To speak to someone in a language other than English please telephone the Telephone Interpreter Service (TIS) on **131 450**.



بالرقم إتصل مترجم إلى بحاجة كنت إذا Arabic: 13 14 50 :

Chinese: 如果您需要翻譯, 請致電 : 13 14 50

Croatian: Ako trebate tumača, nazovite: 13 14 50

English: If you need a translator, call 13 14 50

Greek: Αν χρειάζεστε διερμηνέα, τηλεφωνήστε: 13 14 50

Italian: Se hai bisogno di un interprete, chiamate: 13 14 50

Maltese: Jekk għandek bżonn ta 'interpretu, sejħa: 13 14 50

فراخوان, است لازم شما اگر Persian: 131 450

Polish: Jeśli potrzebujesz tłumacza, zadzwoń: 13 14 50

Portuguese: Se você precisar de um intérprete, ligue para: 13 14 50

Serbian: Ако треба тумача, назовите: 13 14 50

Spanish: Si usted necesita un intérprete, llame al: 13 14 50

Turkish: Eğer bir tercümana ihtiyacınız Arama: 13 14 50

Vietnamese: Nếu bạn cần một thông dịch viên, xin gọi: 13 14 50

Section A: Current licence details

Health Care Facility Licence number (required)

Licence expiry date / /

File number

Trading name (as it appears on our current licence certificate)

.....

Section B: Variations

What variations are you applying for? (select all that apply)

- Trading name → Complete section C
- Primary contact person details → Complete section D
- Business correspondence postal address → Complete section E
- Facility details → Complete section F

For all applications, Section G (Declaration) must be completed.

Section C: Trading name

Complete this section **only** if you selected **'trading name'** in Section B.

New trading name

What will your business be trading as? This is the name that your customers will know the business as and is usually displayed on your facility and signage.

.....

Section D: Primary contact person details

Complete this section **only** if you selected **'primary contact person details'** in Section B.

Business on-site or primary contact person

Who can we contact about the day-to-day operation of the business?

Title (Mr, Ms) Given name(s)

Surname

On-site or primary contact person phone numbers

Phone (BH) Phone (AH)

Mobile

Email(required)

Section E: Business correspondence postal address

Complete this section **only** if you selected **'business correspondence postal address'** in Section B.

Address

.....

Suburb State Postcode

Section F: Facility details

Complete this section **only** if you selected **'facility details'** in Section B.

Patient beds

Number of patient beds in facility:

Are overnight patient stays provided at the premises? Yes No

NSQHS Accreditation

Which agency has accredited your facility?

- Australian Council on Healthcare Standards (ACHS)
- Certification Partner Global (CPG)
- Det Norske Veritas (DNV) Business Assurance Australia Pty Ltd
- Global Mark Pty Ltd
- HDAA Australia Pty Ltd
- Institute for Healthy Communities Australia Certification (IHCAC) Pty Ltd
- Quality Innovation Performance (QIP) Limited
- Other (specify):

Date accreditation expires

..... / /

Public health risk procedures

Please indicate which public health risk procedures will be undertaken at the facility

- Administration of anaesthesia: The administration of general, epidural, or major regional anaesthetic block (excluding mandibular blocks), or intravenous sedation. Yes No
- Cardiac catheterisation Yes No
- Chemotherapy (cytotoxic infusion) Yes No
- Abdominoplasty (tummy tuck) Yes No
- Belt lipectomy Yes No
- Brachioplasty (armlift) Yes No
- Bicep implants, tricep implants, calf implants, deltoid implants, pectoral implants Yes No
- Breast augmentation or reduction Yes No
- Buttock augmentation, reduction or lift Yes No
- Facelift, other than a mini-lift that does not involve the superficial musculoaponeurotic system (SMAS) Yes No
- Facial implants that involve inserting an implant on the bone, or surgical exposure to deep tissue Yes No
- Fat transfer that involves the transfer of more than 100 millilitres litres of lipoaspirate Yes No
- Labioplasty Yes No
- Liposuction that involves the removal of more than 1000 millilitres of lipoaspirate Yes No
- Mastopexy or mastopexy augmentation Yes No
- Monsplasty Yes No
- Neck lift Yes No
- Penis augmentation Yes No
- Rhinoplasty Yes No
- Vaginoplasty Yes No
- Gastrointestinal Endoscopy Yes No
- Renal dialysis (haemodialysis) Yes No

Section G: Declaration

Required for **all applications**.

I understand that the facility must continue to meet all obligations under the **Public Health Act 1997** and the **Health Care Facility Code of Practice 2021**.

I declare that I am authorised to supply all the information above; that all the information supplied on this form is true and correct; and that there are necessary records and/or documentation to support this variation application.

I understand that failure to submit all required information and documentation may delay my application and that the provision of false or misleading information may be a criminal offence.

Name

Position title (if applying as a company)

Signature of agent Date

Section H: Checklist

It is recommended that you use the checklist below to ensure that your application is complete.

- I have read the guidance at health.act.gov.au/businesses/licensing-and-registration/healthcare-facility-licensing
- I have attached a copy of the current licence certificate.
- I have completed Section A: Current licence details.
- I have completed Section B: Variations
- I have completed Section C: Trading name (if applicable)
- I have completed Section D: Primary contact person details (if applicable)
- I have completed Section E: Business correspondence postal address (if applicable)
- I have completed Section F: Facility details (if applicable)
- I have signed the declaration in Section G: Declaration.