

Application for Alterations or Extensions to a Licensed Private Health Facility

(*Private Health Facilities Act 2007*, section 16)

When to use this form

This form is for applicants (individuals or companies) who wish to make alterations or extensions to a licensed private health facility. If you wish to apply for a licence for a new private health facility, renew or amend an existing licence, you should use another form.

If the alterations or extensions will result in an amendment to the licence including conditions of licence, change of classes or accommodation available, please also complete and attach an "Application for Amendment of a Licence for a Private Health Facility Form". Only one (1) application fee applies.

The Building Requirements

Under the *Private Health Facilities Act 2007* the Secretary, NSW Health can impose conditions relating to the design and construction of any building to be built, altered or extended for the purposes of operating a licensed private health facility.

Before any building work is commenced the licensee of an existing facility must apply to and receive written approval, from NSW Ministry of Health for the plans and specifications for the facility. Submissions and architectural plans will be assessed against the Australasian Health Facility Guidelines. Designs for private health facilities that depart from the guidelines will not be approved unless clear patient and/or service benefits can be demonstrated and justified. The construction and design for new and refurbished private facilities must comply with the requirements of a class 9a building as defined in the Building Code of Australia. Copies of relevant approvals from local government authorities or independent certifiers will be required to be submitted to the Private Health Care Unit as evidence of compliance.

Approval process

All applicants should familiarise themselves with the *Private Health Facilities Act 2007* (PHFA) and the Private Health Facilities Regulation 2010 as all applications are assessed against that legislation, with particular reference to the *Australasian Health Facilities Guidelines*. The approval process will take approximately four months from the date the NSW Ministry of Health receives the completed application. This includes the time taken for consultation in relation to the alterations or extensions but does not include the time taken for building work to the facility. Further details about timeframes for the approval process can be found on the "Licensing of Private Health Facilities" page of the website.

Applicants will be provided with a written confirmation of the approved changes. The confirmation will contain the conditions which must be met before the licence will be issued. There is no time limit on the confirmation of approval however any unauthorised deviation from the approved plans will invalidate the approval and changes to the plans must be submitted for assessment and approval.

Before the licence is issued, a commissioning inspection will be carried out to ensure that the alterations or extensions to the private health facility have been built in accordance with the approved plans and comply with the conditions of the confirmation of approved changes and all relevant Legislation. At the onsite commissioning inspection, all building, fire and other relevant certification will be required. Following the successful commissioning, a licence will be issued, endorsed for specific classes and services as specified in the application.

Payment

The prescribed application fee for alterations or extensions to a licensed private health facility is \$3,801. Payment can be made by EFT, see EFT form for details, or cheque made payable to NSW Ministry of Health. If paying by EFT on date of payment please send email as requested on the EFT form. Cheques should be included with the completed form. Please return the completed form together with the required documents to the address as below.

**Private Health Care Unit Legal
and Regulatory Services NSW
Ministry of Health Locked Mail
Bag 961
NORTH SYDNEY NSW 2059**

Application for Alterations or Extensions to a Licensed Private Health Facility

(section 16 *Private Health Facilities Act 2007*)

If the alterations or extensions will result in an amendment to the licence including conditions of licence, change of classes or accommodation available, please complete and attach an "Application for Amendment of a Licence for a Private Health Facility Form". Only one (1) application fee applies.

SECTION A

Applicant details		
Full name of applicant (licensee):		
Postal address:		
Suburb:	State:	Postcode:
Details of the contact person (contact person on behalf of the applicant and in what capacity)		
Full name:	Position:	
Address:		
Suburb:	State:	Postcode:
Phone:	Fax:	Email:

SECTION B

Private health facility details		
Private health facility name:		
Address:		
Suburb:	State:	Postcode:

SECTION C

Documents and information to be included with this application
1. Details of the proposed alterations or extensions to the licensed private health facility.
2. A copy of the current development application or approval with/by the applicable consent authority, or certification from an authorised certifier, for the use of the premises as a Building Code of Australia (BCA) Class 9(a) health care building. For premises used for chemotherapy or renal dialysis class treatment accommodating day only patients then a development application or certification for use of the premises as a BCA Class 5 building applies.
3. Two (2) copies of architectural plans, drawn to a scale of 1:100 showing the dimensions of each part of the facility, fittings and furnishings. Submissions and architectural plans will be assessed against the Australasian Health Facility Guidelines (HFG). A copy can be downloaded from www.healthfacilityguidelines.com.au

SECTION D

Declaration by applicant or agent on behalf of applicant

If signing on behalf of the applicant please state in what capacity.

I declare that all the information I have given on this application form is true to the best of my knowledge and belief.

I enclose the prescribed application fee.

Print Name:

Position:

Signature:

Date:

Please return the completed form together with the required documents as listed in Section C to the address as below. If paying by EFT on date of payment please send email as requested on the EFT form. Cheques should be included with the completed form:

**Private Health Care Unit
Legal and Regulatory Services
NSW Ministry of Health
Locked Mail Bag 961
NORTH SYDNEY NSW 2059**