



Ceasing to operate a private psychiatric hostel

Instructions:

Complete this form once you have notified (in writing) the Licensing and Accreditation Regulatory Unit (LARU) of your intention to cease operate or to close a licensed private psychiatric hostel.

If a Licence Holder proposes to cease operations on the basis that the services provided at the facility no longer fall within the scope of a licensable private hospital or licensable class of health service under the *Western Australian Private Hospitals and Health Services Act 1927* (the Act), the Licence Holder must first obtain written confirmation and assessment from the Licensing and Accreditation Regulatory Unit (LARU).

This confirmation must verify that the services provided do not meet the statutory definition of a licensable facility or any prescribed class of licensable service under the Act and its associated instruments.

The Licence Holder must also complete the declaration below, confirming that no services currently provided at the facility fall within the scope of the services requiring licensure under the Act.

All further references in this form to ceasing operating as a licensed private psychiatric hostel may also refer to closure of a private psychiatric hostel.

1. This form is to be completed with reference to the LARU *Notification of ceasing to operate a licensed private psychiatric hostel* document and Parts 1 and 2 are to be returned to LARU Licensing once business at the licensed health facility has ceased or the change of control has been completed.
2. The form can be completed electronically or in hard copy and the declaration must be signed by the Licence Holder or Authorised Delegate.
3. Please return this form within **5 working days** post facility closure to LARULicensing@health.wa.gov.au

FACILITY DETAILS

Name	
Address	

LICENCE HOLDER DETAILS

Name	:	Position Title:
Email		Mobile:

Anticipated date licensed facility shall cease to operate:

Regulatory Requirements and Compliance Actions Prior to Cessation of Licensable Services

Consistent with the *Private Hostel Closure Management Process* (the Closure Process), as updated from time to time, the following matters are required to be addressed prior to ceasing operation of the private psychiatric hostel.

1. Regulatory Notifications and Actions Prior to Cessation	Date Actioned	Person who Actioned
Written notification was provided to the LARU within the prescribed time for the number of residents cared for at the facility.		
A formal "Notification of Closure and Informed Consent" letter (Appendix 1- of the Closure Process) has been signed by residents or their authorised representatives/ guardian as evidence they have received formal notification of the closure, and they have consented to have their medical information shared with the relocating teams and new hostel as applicable.		
General Practitioners, supporting agencies have been notified in a timely manner		
The Team allocated to oversee the relocation of hostel residents have been provided with information about the residents as outlined in the Closure Process document and are assisted as needed in relocating residents to alternative accommodation.		
Hostel residents and or their nominees are provided with a final statement of their finances, and any outstanding balance has been transferred to the appropriate account holder in a timely manner.		
Confirmation of compliance with Regulation 15 requiring resident health records, files, financial statements to be retained in a secure location and remain accessible after closure of the hostel.		
Confirmation that resident records are stored in compliance with Australian Standards 2828 (Health Record Management)		
Address of storage facility:		
Contact person details for future access requests include email and phone number:		
Confirm all internal and public -facing information (including website, advertising and signage) has been updated to ensure the facility is not represented as a licensed psychiatric hostel following cessation.		

LICENCE HOLDER OR AUTHORISED DELEGATE DECLARATION

I declare as the Licence Holder or Authorised Delegate (circle one) that:

1. Following cessation of operations as a licensed private psychiatric hostel, no services will be provided at the premises that meet the definition of those to be provided for by a licensing private psychiatric hostel under *Private Hospitals and Health Services Act 1927* (WA) (the Act), its Regulations or any applicable subsidiary instruments.
2. I acknowledge that the licensure is determined by the nature of the services provided at the premises and that written confirmation from LARU has been obtained confirming that the facility is not required to be licensed under the Act.
3. I acknowledge that LARU may, at its discretion, require an assessment or inspection of the premises prior to cessation of operations to verify that no licensable service is being provided.
4. I acknowledge that providing services requiring licensure without a licence may constitute a breach of the *Private Hospitals and Health Services Act 1927* (WA).
5. The Licence Holder acknowledges they have considered legal advice if applicable.

I confirm that the information contained in this form is true and correct, and I am duly authorised to make this declaration.

Name	
Position title	
Signature	
Date	

For LARU Use Only

Acknowledgment of information received from Licence Holder:	Date:
LARU confirms closure of facility:	Date:
Position:	Signature:

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

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