



Ceasing to Operate a Licensed Health Facility (excluding private psychiatric hostels)

Instructions:

Complete this form once you have notified (in writing) the Licensing and Accreditation Regulatory Unit (LARU) of your intention to cease operating or to close a licensed private hospital, day hospital, or nursing home, henceforth collectively referred to as a licensed health facility.

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 health facility may also refer to closure of a licensed health facility.

1. This form is to be completed with reference to the LARU *Notification of ceasing to operate a licensed health facility* form and provided to the LARU once business at the licensed health facility has ceased.
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 the completed form to LARULicensing@health.wa.gov.au.

FACILITY DETAILS

Name	
Address	

LICENCE HOLDER DETAILS

Name	:	Position Title:
Email		Mobile:
Date licensed facility ceased to operate:		

Regulatory Requirements and Compliance Actions Prior to Cessation of Licensable Services

1. Regulatory Notifications and Actions Prior to Cessation	Date Actioned	Person who Actioned
Written notification was provided to the LARU at least 4 weeks prior to the proposed cessation date.		
Arrangements have been made for the safe transfer, discharge, or continuity of care for all patients/residents receiving treatment or care at the time of cessation.		
The relevant authority has been notified to cancel any Poisons licence associated with the facility, and all schedule 8 and controlled medicines have been lawfully disposed of, transferred or accounted for.		
The Commonwealth Department of Health has been notified of the cessation of business as a licensed health facility.		
All visiting practitioner, contracted, or third-party service arrangements involving services have ceased.		
2. Clinical Services Decommissioning	Date Actioned	Person who Actioned
All clinical services requiring licensure have ceased, and any equipment, facilities, or systems used to deliver such services have been decommissioned, removed, or rendered inoperable.		
3. Matters to be addressed prior to ceasing business as a licensed health facility	Date Actioned	Person who Actioned
All public -facing information (including website, advertising and signage) has been updated to ensure the facility is not represented as a licensed health facility following cessation.		
All external and internal signage identifying the premises as a licensed health facility has been removed or updated.		
Arrangements are in place to ensure timely access to patient/resident records where required (e.g. clinical care, legal, or coronial purposes).		
In accordance with applicable legislation and retention requirements, the Licence Holder has arranged for suitable storage, retention and destruction processes for all patient health records of the licensed health facility. Please provide the following details:		
Address of Health Record Storage Unit		
Name of contact person/ company <i>(if access to records is required e.g. for a coronial inquiry)</i>		
Email/Mobile of contact person/company		

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 health facility, no health services will be provided at the premises that meet the definition of a private hospital, day hospital, nursing home or any other licensable class of health service under *Private Hospitals and Health Services Act 1927 (WA)* (the Act), its Regulations or any applicable subsidiary instruments.
2. No services provided at the premises will fall within the scope of services requiring licensure under the Act for any class of licence.
3. This declaration applies to all services provided at the premises including intermittent, low volume or ancillary or provided under contractual or third part arrangements.
4. 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.
5. 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.
6. I acknowledge that providing services requiring licensure without a licence may constitute a breach of the *Private Hospitals and Health Services Act 1927 (WA)*.
7. 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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