

**STATUTORY DECLARATION**  
**To Accompany an Application for a Licence under the**  
***Private Health Facilities Act 2007***

(Note: an individual declaration is to be made by each applicant or director or secretary of an applicant company)

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I, .....,  
(full name) (occupation)

of .....  
(address)

do hereby solemnly and sincerely declare and affirm that:

1. I was born on ..... in<sup>1</sup> .....
2. I am<sup>2</sup> an applicant/a director/a secretary of a company applying for
  - a) a licence in the name of ....., or
  - b) the transfer of licence to ....., or
  - c) authorisation as a new director/a new secretary of .....  
a licence company, replacing .....
3. I have previously been involved in the operation of a licensed private health care facility or service in Australia and/or ..... (country), as per the attached details (name and address of facility and licensing authority)<sup>2 3</sup>.
4. **(Strike out and initial if you are not a health practitioner)**  
I am currently or have previously been a health practitioner<sup>4</sup> in ..... (country of practice).  
I am currently or have previously been a member of the .....<sup>5</sup> profession.  
My date of registration was ..... and my registration number is .....
5. Neither I, nor any company of which I have been, or am a director, secretary, executive officer or manager, or in which I have a five percent or more share holding, have been involved in the operation of a private health care facility or service in any Australian State or Territory or any other country, the licence of which has been cancelled.
6. I have never been convicted of an offence that carried a penalty of imprisonment of 12 months or more in Australia or any other country.
7. Neither I, nor any company of which I have been, or am a director, secretary, executive officer or manager, or in which I have a five percent or more share holding, have had proceedings commenced for a breach of legislation for the licensing or operating of a private health care facility or service of any Australian State or Territory or any other country.
8. Neither I, nor any company of which I have been or am a director, secretary, executive officer or manager, or in which I have a five percent or more share holding, have been refused a licence for a private health facility or service in any State or Territory in Australia or any other country.
9. Neither I, nor any company of which I have been, or am a director, secretary, executive officer or manager, or in which I have a five percent or more share holding, have been investigated or convicted of any offence involving the obtaining of money or a benefit by any untrue or misleading representations under any law of the Commonwealth, State or Territory of Australia or the laws of any other country.
10. I have never declared a bankrupt or a debtor under any bankruptcy law of the Commonwealth, State or Territory of Australia or other country.

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<sup>1</sup> Insert City, State and Country

<sup>2</sup> Strike out and initial those not applicable

<sup>3</sup> Strike out and initial if not applicable

<sup>4</sup> A health practitioner means a natural person who provides a health service (whether or not the person is registered under a health registration act). For more information refer to s4 Health Care Complaints Act 1993.

<sup>5</sup> Insert name of profession whether a registered or non-registered profession

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11. I have never been associated with a company that was wound up or subject to an application for, or placed in receivership or liquidation under any law of the Commonwealth, State or Territory of Australia or the laws of any other country.
12. I have never been charged with any offence relating to the assault or abuse of any person.
13. I undertake to inform the Secretary of the NSW Ministry of Health, to the extent of my awareness, of:
- the commencement of any investigation into my professional practice or conduct; or
  - any restriction on my professional practice; or
  - the commencement of criminal investigation or of legal proceedings for a breach of any legislation, by me or any company of which I am a director, secretary, executive officer or manager, or in which I have a share holding of five percent or more.
14. I understand that in the event of my misleading, or failing to disclose to the Secretary any information concerning any of the above mentioned matters:
- action may be taken under section 31 of the *Private Health Facilities Act 2007* ("Cancellation of licence with notice") in relation to any licences that I, or any company of which I am a director, secretary, executive officer or manager, may hold and
  - action may be taken under section 7 of the Act ("Approval in principle or refusal of application") in relation to the applications for a licence or transfer of licence which I, or any company of which I am a director, secretary, executive officer or manager, have applied for, under the Act.
15. I authorise the NSW Ministry of Health to undertake any search required for the verification of the answers and information hereby provided.

I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Oaths Act 1900.

Declared at: ..... on .....  
(place) (date)

.....  
(signature of declarant)

In the presence of an authorised witness (being a justice of the peace or registered legal practitioner), who states:

I, ....., a .....  
(name of authorised witness) (qualification of authorised witness)

certify the following matters concerning the making of this statutory declaration by the person who made it: [*\*include only the text that applies*]

1. \*I saw the face of the person OR

\*I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing it, and

2. \*I have known the person for at least 12 months OR

\*I have not known the person for at least 12 months, but I have confirmed the person's identity using an identification document

and the document I relied on was .....

.....  
(describe identification document relied on)

.....  
(signature of authorised witness)

.....  
(date)