CHAPTER 235
HOSPITALS AND HEALTH CARE FACILITIES

HOSPITALS AND HEALTH CARE FACILITIES
(APPLICATION AND LICENSING FORMS)
REGULATIONS, 2000

(SECTION 30)

[Commencement 20th December, 2000]

1. These regulations may be cited as the Hospitals and Health Care Facilities (Application and Licensing Forms) Regulations, 2000.

2. The Forms contained in the Schedule shall be used and the notes included therein shall be complied with for the purposes for which they are applicable.

SCHEDULE

FORM I
APPLICATION FOR LICENCE TO OPERATE
A HOSPITAL OR HEALTH CARE FACILITY
HOSPITALS AND HEALTH CARE FACILITIES ACT, 1998

(To be submitted in duplicate)

LICENSING BOARD

Licensee/Administrator

Application Date ..............

Last Name First

Telephone Number

(location and mailing address)

Facsimile Number

National Insurance Number

S.I. 96/2000
### Detailed Information

**Type of Licence**
- [ ] Annual
- [ ] Temporary

Have you applied here before?
- [ ] Yes ________________
- [ ] No If so, date and result

**Description of the Hospital or Health Care Facility**
- [ ] Hospital
- [ ] Therapeutic facility
- [ ] Clinic
- [ ] Laboratory
- [ ] Health Practitioner’s Office
- [ ] Ambulance Services
- [ ] Medical Practitioner’s Office
- [ ] Maternity Hospital
- [ ] Birthing Centre
- [ ] Diagnostic Facility
- [ ] Dialysis Centre
- [ ] Other

List types of services to be provided at the building(s)
- [ ] ...........................................................................................................
- [ ] ...........................................................................................................
- [ ] ...........................................................................................................
- [ ] ...........................................................................................................
- [ ] ...........................................................................................................

Name of Administrator ..........................................................

Address of Registered Office if licensee is a company ..........

Name, title and address of Managing Director of Chief Executive if licensee is a company..........................

Maximum number of hospital beds to be occupied during licence period ..................................................

Maximum number of clients who can be accommodated overnight

The application fee of $ ......................... is enclosed herewith.

............................................ ............................................
(Date) (Applicant)

Please attach the following —
(a) qualifying certificates, degrees or diplomas;
(b) three appropriate references; and
(c) a list of names and qualifications of present staff.
FORM II
LICENSE
HOSPITALS AND HEALTH CARE FACILITIES ACT, 1998

LICENCE NO.: .................
The Hospitals and Health Care Facilities Licensing Board hereby grants this Licence to .................................................................
(Licensee/Administrator)

... bed as a Hospital or Health Care Facility

known as ........................................
at .................................................................
(location and mailing address)

on the island of ......................... from the period to ......................
31st December 20......

Special conditions: .................................................................
.................................................................
.................................................................
.................................................................

........................................

........................................

........................................


DATE

(Chairman)

FORM III
TEMPORARY LICENCE
HOSPITALS AND HEALTH CARE FACILITIES ACT, 1998

LICENCE NO.: .................
The Hospitals and Health Care Facilities Licensing Board hereby grants this licence to .................................................................
(Licensee/Administrator)

... bed as a Hospital or Health Care Facility

known as ........................................
at .................................................................
(location and mailing address)

on the island ......................... of from the period ......................... to .........................

Special conditions: .................................................................
.................................................................
.................................................................
.................................................................

........................................

........................................

........................................


DATE

(Chairman)
FORM IV
APPLICATION FOR RENEWAL OF LICENCE
HOSPITALS AND HEALTH CARE FACILITIES ACT, 1998

(To be submitted in duplicate)

I, .................................................. of ...........................................
(Licensee/Administrator)
hereby make application for renewal of Licence No.: ..............
to operate the Hospital or Health Care Facility known as
................................................................. and located
at .................................................................
with effect from ............... The licence fee of $.............. is enclosed herewith.

The following is a list of changes to the operations of the
Hospital or Health Care facility made during the preceding
year —

............................................
(phone number)

(Date) ............................................
(Licensee/Administrator)

FORM V
APPLICATION FOR TRANSFER OF LICENCE
HOSPITALS AND HEALTH CARE FACILITIES ACT, 1998

(To be submitted in duplicate)

1. Name of Hospitals or Health Care Facility ....................
2. Location ...............................................................................
3. Full name of current Licensee/Administrator ....................
4. (a) Description of transferee (company, firm or individual)
(b) If a company, state —
(i) full name of secretary .............................................
(ii) address of registered office .................................
(c) If a firm state particulars of partners ......................
........................................................................................
5. Name and address of Administrator ............................
..............................................................................................

I/we declare:
(i) that I/we have acquired the above Hospital/Health Care Facility;
(ii) that the particulars furnished in the application or licence of the Hospital/Health Care Facility for the
current year are still applicable;
(iii) that I/we will carry out all agreements to provide accommodations and care in the Hospital/Health Care
Facility entered into by the transferor prior to the date of transfer; and

(iv) I/we hereby apply for Licence Number .................. granted to .................. to be transferred to us.
The fee of $ ............................... is enclosed.

............................................
............................................
(Date) .............................
(Administrator) .............................

HOSPITALS AND HEALTH CARE FACILITIES
(FEES) REGULATIONS, 2000

(SCHEDULE (Regulation 2))

SCHEDULE (Regulation 2)

<table>
<thead>
<tr>
<th>For a new licence:</th>
<th>Hospitals, surgical centres, maternity hospitals and birthing centres each patient bed</th>
<th>Basic fee</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>500</td>
<td>500</td>
</tr>
</tbody>
</table>

Renewal of licence Fee shall be the same as for a new licence

<table>
<thead>
<tr>
<th>Clinics</th>
<th>Basic fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>out-patient pharmacy included</td>
<td>100</td>
</tr>
<tr>
<td>diagnostic facilities included</td>
<td>200</td>
</tr>
</tbody>
</table>

Renewal of licence Fee shall be the same as for a new licence

<table>
<thead>
<tr>
<th>All other facilities, new and renewal</th>
</tr>
</thead>
<tbody>
<tr>
<td>300</td>
</tr>
</tbody>
</table>

Re-issue of lost licence 50

Transfer of licence If renewal of licence is pending Full renewal fee for transfer only 200

For temporary licence 200

NOTE: A licence shall take effect on the date specified in the licence, and shall expire on the thirty-first day of December in the year of issue.