

Declaration

For use by applicants

OFFICIAL

Who needs to complete this declaration?

- The person who is, or is likely to be the licence holder.
- Where the registered proprietor is a company, incorporated association or body corporate, the declaration must be completed by all directors (executive and non-executive), board members and office bearers (as the case may be).

All declarations must be submitted at the same time for the one application.

Instructions on completing the declaration

- Please type or write your answers in block letters.
- Please ensure that you answer all questions.
- If you answer “**yes**” to any questions, please ensure that you provide details of the circumstances relating to that answer.
- Please ensure that your signature is witnessed, and the witness signs the form and records his or her name.

Privacy Statement

The Department for Health and Wellbeing (the Department) (on behalf of the Minister) collects this personal information for the purpose of processing and considering a license application under the *Health Care Act 2008* (the application). The Department treats all personal information provided by an individual in support of their application, in accordance with the confidentiality provisions in Section 93 of the *Health Care Act 2008*, the SA Health Privacy Policy Directive, *Information Privacy Principles Instruction* and *State Records Act 1997*. If you provide information about other individuals as part of your application, the Department will assume that you have made the individual aware that such information will (or may) be provided to the Department as part of your application. Failure to provide all of the required information may result in your application not being processed.

The Department may share personal information provided in this form within the Department and with third parties. The third parties that will be contacted are those provided as referees, or who may verify other statements in the application. Commercial in Confidence information will not be shared. If personal information is provided in support of an application by a body corporate, the Department may disclose the personal information contained in this form to other officers of the body corporate. Personal information may also be disclosed as required or permitted by law.

You can request access to (or correct) information the Department holds about you under the *Freedom of Information Act 1991*. Please contact HealthFOIOCE@sa.gov.au should you wish to make an application. You can read the Department's [privacy statement](http://www.sahealth.sa.gov.au) available at www.sahealth.sa.gov.au.



Please complete the following

Title:	
First name:	
Middle name (if applicable):	
Surname:	
Date of birth:	
Place of birth:	
Full residential address:	
Suburb and Postcode:	
Postal address (if different from above):	
Telephone:	
Mobile:	
Email:	
Please provide details of any former names you may have been known by:	

**Please attach evidence of change of names, such as a copy of a certified marriage certificate.
Please attach evidence of your identity with a certified copy of one of the following:**

- current passport; or
- current driver's licence; or
- current proof of age card.

Are you registered with the Australian Health Practitioner Regulation Agency (AHPRA)?

Yes AHPRA registration Number: No

Are you, or were you previously:

- a proprietor; or
- a director of a proprietor company; or
- involved (in a managerial capacity) with any health service establishment?

Yes No

If yes, please provide details of the role/s:

Name of the service:	Service location (state):	Date (from – to):



General fitness and propriety

Have you ever been determined not to be a fit and proper person as prescribed under any law of the Commonwealth or of a state or territory of Australia, or of another country?

Offences against the *Health Care Act 2008*

Have you ever: been convicted; or found guilty; or been a director or executive officer of a company that has been found guilty of an offence under the *Health Care Act 2008* or its associated regulations?

Complaints

Have you ever been the subject of a complaint to the (a) Australian Health Practitioner Regulation Agency (AHPRA), or (b) Health and Community Services Complaints Commissioner South Australia (or equivalent in another state or territory)?

Business history

Have you ever been disqualified from acting as a director of a company or acting in the management of an incorporated association?

Offences

Have you ever been found:

- guilty of any offence; or
- to have contravened a civil penalty provision under the *Corporations Act 2001 (Cth)* or any of its predecessor Acts; or
- to have contravened the *Associations Incorporation Act 1985*, or any equivalent act in another jurisdiction?



General criminal history

Do you have any

- **convictions; or**
- **findings of guilt; or**
- **pending charges**

against you that are:

- **indictable offences against the person or offences involving dishonesty, fraud or trafficking in drugs of dependence; and are**
- **less than ten years old; and**
- **where the maximum penalty for the offence is imprisonment for a period of more than 3 months?**

I declare to the best of my knowledge, that the information I have provided in this declaration is true and correct. I authorise the Minister, the Minister's Delegate, or a person acting on their behalf, to undertake any search or inquiry required for the verification of the answers and information provided in this declaration.

Full name of Applicant (please print)	
Signature of Applicant	
Signature of Witness	
Name of Witness (Please print)	
Capacity in which the witness is authorised to witness statutory declarations which apply in South Australia.	



The complete list of authorised statutory declaration witnesses, that are accepted under the *Oaths Act 1936 (SA)*, from 1 December 2021, can be found at <https://www.agd.sa.gov.au/services-support/JP-witnesses/authorised-witnesses>

The Code of Practice - Statutory Declarations: <https://www.agd.sa.gov.au/documents/justice-of-the-peace/code-of-practice-statutory-declarations.pdf> confirms the requirements to be met when witnessing a statutory declaration.

The classes of persons authorised to witness statutory declarations for use in a South Australian jurisdiction are set out in Clause 1 of Schedule 1 of the *Oaths Act 1936 (SA)* and the Oaths Regulations 2021.

For more information

**Clinical Regulation Policy and Licensing
Clinical Regulation Branch
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Telephone: 8226 7100
www.sahealth.sa.gov.au**



Interpreter



www.ausgoal.gov.au/creative-commons

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