

CHAPTER 235

HOSPITALS AND HEALTH CARE FACILITIES

**HOSPITALS AND HEALTH CARE FACILITIES
(APPLICATION AND LICENSING FORMS)
REGULATIONS**

S.I. 96/2000

(SECTION 30)

[Commencement 20th December, 2000]

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

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. Forms.
Schedule.

SCHEDULE

FORM I

**APPLICATION FOR LICENCE TO OPERATE
A HOSPITAL OR HEALTH CARE FACILITY**

HOSPITALS AND HEALTH CARE FACILITIES ACT

(To be submitted in duplicate)

LICENSING BOARD Application Date

Licensee/Administrator

.....
Last Name First Telephone Number

.....
(location and mailing address) Facsimile Number

.....
National Insurance Number

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
LICENCE**

HOSPITALS AND HEALTH CARE FACILITIES ACT

LICENCE NO.:

The Hospitals and Health Care Facilities Licensing Board hereby grants this Licence

to
(Licensee/Administrator)

to operate bed as a Hospital or Health Care Facility
number

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

LICENCE NO.:

The Hospitals and Health Care Facilities Licensing Board hereby grants this licence to

(Licensee/Administrator)
to operate bed as a Hospital or Health Care
number

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

(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 —

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

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

(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**

S.I. 97/2000
S.I. 7/2010

(SECTION 30)

[Commencement 20th December, 2000]

1. These regulations may be cited as the Hospitals and Health Care Facilities (Fees) Regulations. Citation.

2. The fees specified in the second column of the Schedule shall be in respect of that licence specified in the first column of the Schedule. Schedule of Fees.
Schedule.

SCHEDULE (Regulation 2)

S.I. 7/2010

| | | | \$ |
|--------------------------|---|-----------|-----|
| For a new licence: | Hospitals, surgical centres, maternity hospitals and birthing centres | Basic fee | 500 |
| | each patient bed | | 10 |
| | diagnostic facilities included | | 200 |
| Renewal of licence | Fee shall be the same as for a new licence | | |
| | Clinics | Basic fee | 400 |
| | diagnostic imaging services included | | 200 |
| | laboratory facilities included | | 200 |
| Renewal of licence | Fee shall be the same as for a new licence | | |
| | All other facilities, new and renewal | | 300 |
| 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.