

CHAPTER 235

HOSPITALS AND HEALTH CARE FACILITIES

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

SI 96/2000

(SECTION 30)

[Commencement 20th December, 2006.]

1. These regulations may be cited as the Hospitals and Health Care Facilities (Application and Licensing Forms) Regulations, 2000. 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, 1998

(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, 1998

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, 1998

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)

