Government of **Western Australia**
Department of **Health**
Licensing and Accreditation Regulatory Unit

Private Hospitals and Health Services Act 1927

Addition of specialties/procedures to a licence request form

Facility name:	
Facility address:	
Licensee name:	

Instructions

Add a specialty/procedure to a licence.

1. Complete this entire form – if a question is not applicable, write N/A.
2. The form can be completed electronically or in hard copy, but must include a signature.
3. Return the completed form to LARULicensing@health.wa.gov.au

Note

1. LARU requires 28 working days to complete a review of this request.
2. If your request involves clinical trials and/or new/innovative medical procedures these will need to be approved and supervised by a Human Research Ethics Committee that is registered with the National Health and Medical Research Council.

1.	Description and specific requirements	
1.1	**Additional service** What are the services/procedures you require to be included on your licence?	
1.2	**Type of patients** Who are the services/procedures intended for? adults, children or both? If children are to be treated, include the age range.	
1.3	**Commencement date of service** What is the date you propose to commence your service? Note – as soon as possible is not an acceptable response.	
1.4	**Reason for service** What is the rationale for the additional service?	
1.5	**Number of patients** What is the expected number of patients to be treated? • Per session? • Per day/month?	
1.6	**Admission and discharge criteria** What are the specific admission and discharge criteria for patients accessing this service? (Attach if available)	

2.	Suitability of premises – building	
2.1	Does your building comply with current guidelines?	
2.2	Are there any conditions on your licence relating to building non-compliance/s?	
2.3	Provide a scaled site plan (minimum A1 size) and floor plan for the relevant area including areas where a room (s) will have a change of function.	
3.	**Equipment (Theatre/Recovery/Ward)**	
3.1	Is additional equipment required for the service? If so what type?	
3.2	What area/space will be used for storing the equipment? (Highlight on a building plan and attach)	
3.3	Is commissioning of the equipment required?	
3.4	Is medical personnel and other staff training in using the equipment required?	
3.5	If so, how and when will this training occur?	
3.6	Is there any additional cleaning associated with equipment?	

4.	Instrumentation	
4.1	Are additional instruments required for the service? If so, what type?	
4.2	Is there capacity within the current CSSD to reprocess the additional instruments?	
4.3	Is validation of the instrument load/s required?	
4.4	Is medical personnel and other staff training required on the use of the additional instruments?	
4.5	Where will the additional instruments be stored? (Highlight on building plan and attach)	
5.	**Consumables**	
5.1	Are additional consumables (sterile and non-sterile) required for the service? If so, what?	
5.2	Where will the consumables be stored?	
6.	**Staffing**	
6.1	What number of credentialed medical practitioners do you anticipate being involved in the additional service?	
6.2	Are additional training/competencies required for medical practitioners?	

6.3	Will additional staff be required? If so, identify category and numbers e.g. RN's, EN's, PCA's or CSSD technicians	
6.4	What additional specialty qualifications, training or competencies are required for these additional staff?	
7.	**Impact on other services**	
7.1	Does the additional service require support from speciality clinical services? (ICU, CCU, and HDU) If yes, describe.	
7.2	Does the additional service require support from other third-party services, if available, within the facility? (e.g. radiology, pharmacy, pathology, other) If yes, describe.	
7.3	Have cleaning, waste management and maintenance requirements been assessed and planned?	
8.	**Patient related**	
8.1	Are there any clinical requirements that impact patients? (e.g. adult/child separation, pre-procedure treatments such as eye drops or other medical checks)	
8.2	If so, is there enough staff and physical space for this to occur?	
8.3	Are there any environmental matters that impact patient flow? (e.g. parking, waiting area or post procedure recovery)	

9.	Management/Governance	
9.1	Has the additional service been approved by the Medical Advisory Committee and the Credentialing Committee? Provide the date of the committee meeting at which approval was granted.	
9.2	Has the additional service been reviewed by the Infection Control (IC) Committee/Consultant? Have any IC recommendations been made and implemented?	
9.3	What specific policies and/or procedures will impact on this additional service?	
9.4	Have policies and/or procedures been drafted or updated to reflect the additional service?	
10.	**Licence**	
10.1	Does your licence have any conditions or dispensations?	
10.2	Will the maximum number of patients that may be treated at any one-time increase? If so, complete the Maximum Number of Beds and Patients Treated Form and attach it to this form.	
10.3	Will the maximum number of beds increase? If so, complete the Maximum Number of Beds and Patients Treated Form and attach it to this form.	
11.	**Ethics Committee (Medical Research / Clinical Trials / New Procedures)**	
11.1	Is consultation with an Australian Human Research Ethics Committee (HREC) that is registered with the National Health and Medical Research Council (NHMRC) required? Refer to Annexure A Section 5. for more information.	
12.	**Other**	
12.1	Any other relevant information?	

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Licence Holder or Authorised Delegate Declaration

I declare as the ☐ Licence Holder or ☐ Authorised Delegate that:

- the information contained in this form is true and correct; and
- I am duly authorised to make this declaration.

Name

Position title

Signature

Date

Approval

Approved by	Marie Sheehan, Manager, Licensing and Accreditation Regulatory Unit 11 November 2025
Next review by	August 2028

This document can be made available in alternative formats on request.

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