

# Public Hospitals Registration Details

Human  
Services



Peoplefirst

**A1**

## Agency (Transmitting to AIMS)

This form should be used to report public hospital registration details. The return should be completed by the hospital as at 1 July 2000 and submitted to the Department of Human Services by August 2000. Returns should be completed for all agencies that transmit to AIMS.

*The AIMS system should be updated and the Regional Office notified immediately of any changes that occur during the year.*

|                  |                     |
|------------------|---------------------|
| <b>Hospital:</b> |                     |
| <b>Agency:</b>   | <b>Agency Code:</b> |

|    |                                                                                                     |              |                  |
|----|-----------------------------------------------------------------------------------------------------|--------------|------------------|
| 1  | Australian Business Number (ABN)                                                                    |              |                  |
| 2  | Postal address for correspondence                                                                   | Street       |                  |
|    |                                                                                                     |              |                  |
|    |                                                                                                     | PO Box       |                  |
|    |                                                                                                     | Suburb       | Postcode         |
| 3  | Location address                                                                                    | Street       |                  |
|    |                                                                                                     |              |                  |
|    |                                                                                                     | Suburb       | Postcode         |
| 4  | Telephone number of main switchboard                                                                | ( )          |                  |
| 5  | Facsimile number                                                                                    |              |                  |
| 6  | Hospital Email (where applicable)                                                                   | ( )          |                  |
| 7  | CEO Name                                                                                            |              |                  |
| 8  | CEO Title                                                                                           |              |                  |
| 9  | CEO Email                                                                                           |              |                  |
| 10 | Chairperson Board of Directors Name                                                                 |              |                  |
| 11 | Chairperson Board of Directors Title                                                                |              |                  |
| 12 | Chief Finance Officer name                                                                          |              |                  |
| 13 | Chief Finance Officer email                                                                         |              |                  |
| 14 | Existing Acute Beds as at 1 July 2000<br>Include designated units, e.g. psychiatric, rehabilitation | General Beds | Psychiatric Beds |
| 15 | Existing Nursing Home Beds as at 1 July 2000                                                        |              |                  |
| 16 | Existing Hostel Beds as at 1 July 2000                                                              |              |                  |
| 17 | Existing Mental Health Supported Residential Service beds as at 1 July 2000                         |              |                  |
| 18 | Existing Flexible Beds* as at 1 July 2000                                                           |              |                  |

\* Multi Purpose Services only