

Form A1: Registration Details

Contents

Reporting Requirements	2
Return of Forms	2
Form A1 Data Items.....	2
Australian Business Number (ABN).....	2
Hospital, Agency	2
Postal Address for Correspondence.....	2
Location Address.....	2
Telephone Number.....	2
Facsimile Number.....	2
Hospital Email Address	2
CEO Name	2
CEO Email.....	2
Chief Finance Officer Name	3
Chief Finance Officer Email.....	3
Existing Acute Beds as at 1 July 2000.....	3
Existing Nursing Home Beds as at 1 July 2000	3
Existing Hostel Beds as at 1 July 2000.....	3
Existing Mental Health Supported Residential Beds as at July 2000	3
Existing Flexible Beds as at July 2000.....	3

Agency	
Form A1	Registration Details

Reporting Requirements

This form is used to collect up-to-date address and contact information for the agency, including contact details for the chief executive officer, chair of the board and senior finance officer. The bed information reported on the form is the total beds for the agency. That is, an aggregation of bed information from all campuses that comprise that agency.

Return of Forms

Form A1 Registration Details should be submitted to the Department with the first transmission of data for each financial year. Where a change occurs to the status of the agency or data items previously submitted to the Department, updates should be submitted.

Instructions for Completing Form A1

Australian Business Number (ABN)

The Australian Business number is the new identifier for your dealings with the Australian Taxation Office and for future dealings with other departments and agencies.

Hospital, Agency

The registered name of the metropolitan health service or public hospital and the hospital site/campus that is submitting the return.

Postal Address for Correspondence

The agency's postal address for receipt of mail. Includes street, post office box, suburb and postcode.

Location Address

The physical/site address of the agency. Includes street, suburb and postcode.

Telephone Number

Telephone number of the hospital's main switchboard.

Facsimile Number

The main facsimile number for the agency.

Hospital Email Address

Email address for the main contact at the agency.

CEO Name

Name of the chief executive officer for the agency.

CEO Email

Email address for the chief executive officer.

Agency	
Form A1	Registration Details

Chief Finance Officer Name

Name of the chief finance officer for the agency.

Chief Finance Officer Email

Email address for the chief finance office.

Existing Acute Beds as at 1 July 2000

The number of acute and sub-acute care beds the agency has on 1 July 2000. Include acute care beds in designated units such as psychiatric and rehabilitation.

Exclude nursing home and other non-acute/residential care beds.

Existing Nursing Home Beds as at 1 July 2000

The number of nursing home beds the agency has on 1 July 2000.

Existing Hostel Beds as at 1 July 2000

The number of hostel beds the agency has on 1 July 2000.

Existing Mental Health Supported Residential Beds as at July 2000

The number of mental health supported residential beds the agency has on 1 July 2000.

Existing Flexible Beds as at July 2000

The number of flexible beds the agency has on 1 July 2000. This category is for use by multi purpose services only.