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| Appointment or Change of Director, Board Member or Office Bearer |
| Health service establishments |

The *Health Services Act 1988* requires the Secretary to the Department of Health and Human Services to assess the fitness and propriety of all directors or other officers of a body corporate who may exercise control over a health services establishment. Proprietors must notify the Department of Health and Human Services within 30 days if a person is appointed, or ceases to be, a director or controlling officer.

Please complete this form when a new director, board member or office bearer is appointed or a change in director, board member or office bearer occurs.

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| Name of proprietor *(company name)*: |  |
| Name of Establishment:  |  |
| New appointment date: |  |
| Given name: |  |
| Surname: |  |
| Date ceased as director, board member or officer: |  |
| For new appointments please provide:a completed Statutory Declaration – Fitness and Propriety (REN2) available for download from [Private Hospitals forms](https://www2.health.vic.gov.au/hospitals-and-health-services/private-hospitals/forms-checklists-guides); anda police check certificate issued within the past twelve months and a copy of current drivers licence (certified copy); and details of any relevant professional qualifications and curriculum vitae (new appointments only). For companies provide an Australian Securities and Investments Commission (ASIC) company extract or search which confirms the change of directors. |
| Name of person completing form: |  |
| Signature: |  |
| Date: |  |

*Please attach curriculum vitae of appointee, clearly outlining previous employment, positions held and levels of responsibility.*

## Send the completed form and CV

Please send the signed, completed form and curriculum vitae by email to Private Hospitals privatehospitals@dhhs.vic.gov.au

or by post to:

The Manager
Private Hospitals
Department of Health and Human Services
GPO Box 4057
MELBOURNE VIC 3001

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| Internal authorisation: |  |
| Date: |  |
| PHUD: |  |
| DB: |  |

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