|  |  |  |
| --- | --- | --- |
| HealthCert | **Notification of change ofclinical manager** |  |

|  |
| --- |
| **1. Premises** |
| Legal entity name |
| Enter legal entity name. |
| Facility name |
| Enter facility name. |
| District |
| Enter the district the facility is in. |
| **2. New clinical manager** |
| Registration number |
| Enter the new clinical manager’s Registration or Health Practitioner Index number. |
| Title |  | First name(s) |  | Last name |
| Enter title. |  | Enter first name(s). |  | Enter last name. |
| Start date for new clinical manager |  | Name and finish date for previous clinical manager |
| Enter the date the new clinical manager started or will start. |  | Enter the name and finish date of the previous clinical manager. |
| Is the appointment temporary or permanent? |
| Choose an item. |
| Is the clinical manager also the facility manager? (If yes please also complete a change of facility manager form.) |
| Choose an item. |
| Does the new clinical manager have clinical oversight for more than one aged care facility? |
| Choose an item. |
| If yes, please name the facility |
| Enter name of the facility. |
| Does the clinical manager have any other responsibilities (for example, overseeing care of residents in a retirement village)? |
| List other responsibilities of the clinical manager. |

|  |
| --- |
| **3. Declaration** |

I declare that the information provided is true and correct and I have the designated authority to make this notification.

|  |  |  |
| --- | --- | --- |
| Name |  | Date |
| Enter your name. |  | Enter date. |
| Designation |
| Enter your designation. |

|  |
| --- |
| **4. Submitting form** |

Please email the completed form to certification@health.govt.nz

If you have any questions, please contact HealthCERT on 0800 113 813.

If you hold a contract with Te Whatu Ora, you should also send a copy of this form to your Te Whatu Ora Portfolio Manager.