

HEALTH AND DISABILITY SERVICES (SAFETY) ACT 2001

APPLICATION FOR DESIGNATED AUDITING AGENCY STATUS

Applicant (Agency or Agent who will undertake audits of health care services)

Full name of applicant (organisation/ agency):	
Address of applicant:	
Telephone/ Fax numbers of the applicant:	
Full name of the contact person:	
Position of contact person:	
E-mail address of contact person:	

Application for Designation to Audit Health or Disability Services

Service area	Category	Tick
Age-related residential services	Rest home care	<input type="checkbox"/>
	Hospital care – geriatric	<input type="checkbox"/>
	Hospital care – medical	<input type="checkbox"/>
Residential disability services	Intellectual	<input type="checkbox"/>
	Physical	<input type="checkbox"/>
	Psychiatric	<input type="checkbox"/>
	Sensory	<input type="checkbox"/>
Specified health or disability service (includes stand-alone hospital services)	Fertility service	<input type="checkbox"/>
	Rehabilitation service	<input type="checkbox"/>
	Hospital care - Surgical service	<input type="checkbox"/>
	Hospital care - Maternity service	<input type="checkbox"/>
	Hospital care - Mental health service (excluding drug or alcohol)	<input type="checkbox"/>
	Hospital care - Mental health service (including drug or alcohol)	<input type="checkbox"/>
	Other: (Please specify – refer Health and Disability Services (Safety) Act 2001, 5(1)(a)(i) _____)	<input type="checkbox"/>
Hospital services (two or more kinds of services)	<p>Hospital care services that are delivered by a certified provider as <u>two or more</u> of the following kinds of services:</p> <ul style="list-style-type: none"> • Children’s health services • Medical services • Surgical services • Maternity services • Mental health services • Geriatric services 	<input type="checkbox"/>

Please submit with your application:

<input type="checkbox"/>	\$858.67 Application fee.
<input type="checkbox"/>	Evidence of how you will meet the requirements of Section 33(b) of the Health and Disability Services (Safety) Act 2001 including but not limited to: <ul style="list-style-type: none">• a copy of your organisation's policies and procedures for auditing against NZS 8134:2021• details of how your organisation maintains professional standards for auditing including the management of conflict of interest.
<input type="checkbox"/>	<ul style="list-style-type: none">• Confirmation that the register of employed and/or contracted auditors including their qualifications, auditing experience in healthcare specific to each health or disability service and their professional development activities undertaken over the last three years has been updated in PRMS and the date the last update was undertaken.• Confirmation that the register of consumer auditors available to your organisation including their credentials to act in the capacity as a consumer auditor has been updated in PRMS and the date the last update was undertaken.
<input type="checkbox"/>	Evidence of JAS-ANZ accreditation against ISO/IEC 17021 or ISQua/ IEEA accreditation against the International Accreditation Standards for Healthcare External Evaluation
<input type="checkbox"/>	Membership of your committee for safeguarding impartiality and details of how this committee operates including minutes of any meetings held by the committee in the last six months.
<input type="checkbox"/>	An outline of other activities undertaken by your organisation that is in addition to quality auditing, for example educational and/or consulting services.
<input type="checkbox"/>	Copies of any brochures or advertising material and link to your organisations website (if applicable)
<input type="checkbox"/>	A copy of your certificate of incorporation or other document that describes your legal entity.
<input type="checkbox"/>	A description of your governance structure.
<input type="checkbox"/>	The proposed pricing schedule for undertaking audits in the capacity as a designated auditing agency together with your policy for the revision of pricing.

Declaration:

1. I have the authority to sign this application on behalf of the applicant organisation.
2. I agree to provide any additional information requested by the Ministry of Health to support this application.
3. I agree to attend a presentation in person, at my cost as part of the application process.
4. I agree to comply with the Health and Disability Services (Safety) Act 2001, and will undertake to:
 - a. have effective systems for auditing the provision of services of that kind; and
 - b. administer those systems and arrangements properly and competently, and in compliance with any conditions subject to which the designation is given; and
 - c. have in place effective arrangements to avoid or manage any conflicts of interest that may arise in auditing the provision of services of that kind; and
 - d. report to the Ministry of Health promptly after the audit of any services where the level of risk is assessed as critical; and
 - e. comply with gazetted requirements.

Signature: _____

Name (Print): _____

Date: _____