|  |  |  |
| --- | --- | --- |
| HealthCert | **Notification of reconfiguring services or building a new premises** |  |

|  |
| --- |
| **1. Premises** |
| Legal entity name |
| Enter legal entity name. |
| Premises name |
| Enter premises name. |

District

|  |
| --- |
| Enter the district the premises is in. |

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| --- |
| **2. Proposal description** |

Please tick the box or boxes that best describes your proposal.

|  |  |
| --- | --- |
|  | Existing provider intending to change the number of beds in a certified premises |
|  | Existing provider intending to change the types of services provided in a certified premises |
|  | Existing provider intending to build a new premises or a new wing |
|  | Prospective (new) provider intending to build a new premises |
| Please describe the proposal. | | |
| Enter description of proposal. | | |

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| **3. Services and bed numbers** |

Please provide details of services and bed numbers in the table below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Service type** | **Existing bed numbers[[1]](#footnote-1)** | **Proposed changes to bed numbers[[2]](#footnote-2)** | **Proposed final bed numbers[[3]](#footnote-3)** |
| Hospital services – Geriatric (excluding psychogeriatric) |  |  |  |
| Hospital services – Geriatric (psychogeriatric) |  |  |  |
| Hospital services – Medical services |  |  |  |
| Hospital/rest home (dual service) |  |  |  |
| Rest home care (excluding secure dementia care) |  |  |  |
| Secure dementia care |  |  |  |
| Residential Disability Services – Physical |  |  |  |
| Residential Disability Services – Sensory |  |  |  |
| Residential Disability Services – Intellectual |  |  |  |
| Residential Disability Services – Psychiatric |  |  |  |
| Hospital services – Mental Health |  |  |  |
| Hospital services – Maternity |  |  |  |
| **Total bed numbers** |  |  |  |
| Does the premises include any licence to occupy (LTO) beds? | Choose an item. | | |
| If so, how many LTO beds | Choose an item. | | |

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

If you have a contract with Te Whatu Ora please ensure that your Te Whatu Ora Portfolio Manager has been advised of the proposal and attach any supporting documentation.

Please email the completed form to [certification@health.govt.nz](mailto:certification@health.govt.nz) together with:

Statutory declaration

Floor plan showing the proposed changes or the new premises

Transition plan submitted to the Te Whatu Ora (not required if it is a new premises)

Any supporting documentation (eg, discussions with the Te Whatu Ora Portfolio Manager).

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

**Statutory declaration**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (full name of agent or employee of the company)

of, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

solemnly and sincerely declare that the statements made in the above application are true and correct.

Declared at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_

Signature of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Before me:

Full name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A person authorised under section 9 of the Oaths and Declarations Act 1957 to take this declaration.

A declaration made in New Zealand must be made before:

a) a barrister or solicitor of the High Court

b) a Justice of the Peace

c) a notary public

d) the Registrar or a Deputy Registrar of the Supreme Court

e) the Registrar or a Deputy Registrar of the Court of Appeal

f) the Registrar or a Deputy Registrar of the High Court or a District Court

g) some other person authorised by law to administer an oath

h) a member of Parliament

i) a person who is a fellow of the New Zealand Institute of Legal Executives and is acting in the employment of a practising barrister and solicitor of the High Court

j) an employee of the New Zealand Transport Agency authorised for that purpose by the Minister of Justice or an employee of Public Trust authorised or an officer in the service of the Crown or of a local authority authorised for that purpose.

1. Enter details of the **existing** services and bed numbers being provided. [↑](#footnote-ref-1)
2. Enter details of the **proposed changes** toservices and bed numbers. [↑](#footnote-ref-2)
3. Enter details of the **proposed total** services and bed numbers after changes are made. [↑](#footnote-ref-3)