



KWAZULU-NATAL PROVINCE

HEALTH
REPUBLIC OF SOUTH AFRICA

APPLICATION FOR APPROVAL TO ERECT OR EXTEND A PRIVATE HEALTH ESTABLISHMENT IN TERMS OF REGULATIONS GOVERNING PRIVATE HOSPITALS AND UNATTACHED OPERATING THEATRE UNITS REGULATION 158 OF 1980

- **NEW HEALTH ESTABLISHMENT APPLICATION AND ADDITIONAL BEDS/SERVICES:** Please complete Parts A, B, C, and provide E
- **FOCUSED SERVICES:** Must complete Part A, B, C, D and provide E
- **ALL APPLICANTS TO READ ANNEXURE “E”**

COMPLETED APPLICATIONS TOGETHER WITH SUPPORTIVE DOCUMENTATION MUST BE FORWARDED TO:

**THE HEAD OF DEPARTMENT
DEPARTMENT OF HEALTH –KWAZULU-NATAL
PRIVATE BAG X9051
PIETERMARITZBURG
3200**

Or DELIVER TO

**TOWNHILL OFFICE PARK
BLOCK 2
35 HYSLOOP ROAD
PIETERMARITZBURG**

**FOR ATTENTION: PRIVATE LICENSING
TELEPHONE: 033 9402483/88/84**

E-mail: Private.Licensing@kznhealth.gov.za

PURPOSE:

All Health Facilities are required to be licensed, in terms of the National Health Act (No 63 of 2003). The application is the first step to obtaining a license and describes the type and size of the facility, the type(s) of health services to be provided, the envisaged site to be used, etc. On satisfactory completion of this process, the applicant will be given an 'Approval in Principle letter with attendant conditions.

PROCESS TO LODGE THIS REGISTRATION FORM:

Fill out this form including the applicant to sign the printed copy and send it to the Private Licensing Unit, by return email, courier, or hand delivery. The recipient must confirm the date and time when the submission can be lodged at the office.

PART A: (to be completed by ALL applicants)

NEW APPLICATION		APPLICATION TO EXTEND		CHANGE TO EXISTING LICENSE	
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GENERAL INFORMATION					
NAME OF THE APPLICANT/ ENTITY					
REGISTRATION NUMBER OF ENTITY					
CONTACT DETAILS:	ADDRESS				
	E-MAIL				
	CELL-PHONE				
NAME OF THE ESTABLISHMENT (EXISTING OR PROPOSED)					
A STREET ADDRESS AND ERF NO.					
SIZE (GROSS FLOOR AREA IN M2):					
TYPE OF BUILDING: (tick applicable)	EXISTING			STILL TO DEVELOP	
LAND AVAILABILITY:	YES			NO	
EXPECTED DATE OF:	COMMENCEMENT OF CONSTRUCTION			COMMISSIONING THE FACILITY	

INFORMATION OF OTHER ESTABLISHMENTS:						
ARE THERE OTHER HEALTH ESTABLISHMENTS UNDER YOUR NAME/CORPORATE?	YES	NO	NUMBER	LOCATION	TYPE/S OF SERVICE/S	OTHER

PART B: TYPE OF FACILITY						
TYPE OF FACILITY: (FILL IN THE SELECTED FACILITY)	DAY CENTRE	STEP DOWN	REHABILITATION CARE	ACUTE CARE	SUB- ACUTE CARE	PSYCHIATRIC CARE
	OTHER					
SHORT DESCRIPTION OF TYPE OF THE HEALTH ESTABLISHMENT WHOSE LICENSE YOU ARE APPLYING FOR.						
IS IT IN EXISTENCE?	YES		NO		HOW LONG?	
NAME OF THE PERSON IN CHARGE						
QUALIFICATIONS OF THE MANAGER						
PROFESSIONAL REGISTRATION NUMBER						

PART C: (IN CASE OF A NEW OR EXISTING PRIVATE HEALTH ESTABLISHMENT)				
TOTAL BEDS APPLIED FOR	EXISTING	NEW	TOTAL	FOR OFFICE USE
Medical				
Surgical				
Paediatric				
Intensive Care:				
<i>Adult</i>				
<i>Paediatric</i>				
High Care				
Obstetric beds				
Neonatal ICU				
Day beds				
Haemodialysis (Renal beds)				
Isolation meds:				
<i>Medical</i>				
<i>Surgical</i>				
<i>ICU</i>				
<i>Paediatric</i>				
Specialist – (not obstetric and specify				
Total				

Obstetric Unit	EXISTING	NEW	TOTAL	FOR OFFICE USE
Preparation Rooms				
First stage Rooms				
Delivery Rooms				
Total				

Operating Theatres	EXISTING	NEW	TOTAL	FOR OFFICE USE
General Surgery:				
Minor Theatre				
Major Theatre				
Dental				
Catheterization Laboratory				
Maternity				
Specialist/Dedicated (Specify)				
Total				

Other	EXISTING	NEW	TOTAL	FOR OFFICE USE
Trauma/Outpatient Unit				
Radiology				
Pathology				
Central Sterilising Department				
Blood Transfusion Services				
Resuscitation Rooms				
Procedure Rooms				
Physiotherapy				
Occupational Therapy				
Medical Suites				
Other (Specify)				

PART D: (Other health establishments that were previously not licensed)	
TYPE OF ESTABLISHMENT E.G. STEP DOWN, CTOP CLINIC, DIALYSIS CLINIC, ETC.	
HOW LONG HAS THIS ESTABLISHMENT BEEN OPERATING?	
DATE OF ORIGINAL LICENSE IN TERMS OF THESE REGULATIONS	
HAS THE ESTABLISHMENT BEEN GRANTED ANY EXEMPTIONS FROM COMPLIANCE WITH THESE REGULATIONS? IF SO, PROVIDE DETAILS	
DO YOU HAVE ANY MANAGED CARE OR SIMILAR ARRANGEMENT WITH ANY HEALTH FUNDER/EMPLOYER?	
DO YOU BELONG TO A QUALITY ASSURANCE GROUP? IF SO, PROVIDE DETAILS	

PART E: (Additional information)

Provide additional information to motivate your application, including but not limited to:

- Feasibility study (**compulsory**)
- Demand projections
- Map indicating the catchment area including existing private and public health establishments
- How the beds have been calculated?
- Why is the service needed in that area?
- A Full Business Plan, including proposed staffing, supplementary services, and how these will be sourced
- Existing agreements with supplementary services; e.g. something that explains in case of an emergency where the establishment would refer patients.
- Any other information deemed important to strengthen the application.

I,,
Applicant Name and Surname & Title of Applicant

hereby certify or affirm that:

The information provided in this application is complete and accurate;

1. All official documents required are enclosed;
2. I acknowledge and attest to the facility:
 - a. Medical professional staff qualifications will meet the requirements of applicable laws and regulations;
 - b. Will deploy and maintain healthcare quality standards;
 - c. Will comply with policies, rules, and regulations;
 - d. Will implement best-recognized healthcare practices to manage health information, patient and staff safety, a quality improvement from all perspectives; and
 - e. Will provide the Department of Health yearly statistical reports upon facility commissioning.

Signature:.....Date:.....

Place:.....

KWAZULU NATAL DEPARTMENT OF HEALTH

"ANNEXURE A"

Consideration of applications

- 1) The following resources are utilised when considering an application;
 - The National Health Act
 - National Building Regulations and Buildings Standards Act, 1977(Act No. 103 of 1977)
 - Regulations Governing Private Hospitals and Unattached Operating Theatre Units, Regulation 158 of 1980
 - Norms and standards applicable to certain categories of health establishments
 - Latest Statistics SA

- 2) When considering an application, the committee must consider all comments and responses received in respect of the application to determine whether there is a need for the proposed private health establishment and may take into account the following:
 - a. the need to ensure consistency of health service development in terms of national, provincial, and municipal planning;
 - b. the need to promote equitable distribution and rationalization of health services to correct inequities based on racial, gender, economic and geographical factors;
 - c. the need to promote an appropriate mix of public and private health care services with a view to the demographic and epidemiological characteristics of the populations to be served | the total and target population in the area, their ages and gender composition, their morbidity and mortality profiles;
 - d. the need to prompt the optimal use of spare capacity in provincial health establishments;
 - e. the bed-to-population ratios and Public-to-private bed ratios in the establishment's feeder areas and the surrounding health district, region, and province;
 - f. the availability of alternative sources of health care;
 - g. the need to promote high-quality services which, are accessible, affordable, cost-effective, and safe;
 - h. the potential advantages and disadvantages of the application for existing public and private health services and any affected communities;
 - i. the need to protect or advance persons or categories of persons designated in terms of the Employment Equity Act. 1998 (Act 55 of 1998) and the emerging small, medium, and micro-enterprise sectors;
 - j. the potential benefits of training, research, and development with, a view to the improvement of health service delivery;
 - k. the need to ensure that ownership of facilities does not create perverse incentives for health service providers to over-service patients or refer them inappropriately;
 - l. where applicable, the quality of health services rendered by the applicant in the past; and
 - m. whether the private, health establishment has or proposes to have a proven, complaints mechanism in place which is made available to all users of the establishment.