



REQUEST FOR LICENSING OF HEALTH CARE ESTABLISHMENTS

* Cap 528 Health Act (Department for Health Regulation)

SECTION 1 - GENERAL INFORMATION

1.1 Health Care Establishment

Name and Address of Health Care Establishment	Type of Licence
	<input type="checkbox"/> Medical Clinic <input type="checkbox"/> Hospital Facilities <input type="checkbox"/> Intermediary Care Facility <input type="checkbox"/> Long Term Care Facility <input type="checkbox"/> Mental Health Facility <input type="checkbox"/> Other (specify)

1.2 Facilities and Services Provided

Facility / Service	Facility / Service
Accident and Emergency	Medical Diagnostic Laboratory
Operating Theatre & Recovery	Dental Clinic
Intensive Care Unit	Physiotherapy Clinic
Day Clinic / Treatment	Podology Clinic
Overnight Stay Hospital Ward	Radiology Clinic
Oncology Ward	Cosmetic Clinic
Maternity Ward	Medical Imaging Clinic
Paediatric Intensive Care Unit	Pharmacy
Neonatal Ward	Mortuary
Psychiatric Ward	Other (Specify)
Forensic Ward	



1.3 Number of Patient Beds

Residential Care		Psychiatric Care	
Intensive Care		Isolation Rooms	
Theatre Recovery Area		Total Number of Licensed Beds:	
Maternity Suite			

SECTION 2 - DETAILS OF APPLICANT

2.1 Details of Contact Person

Name & Surname:	
Title / Position:	
Email Address:	
Mobile Telephone Number:	

2.2 Details of Licence Holder

Licensee Name & Surname:	
Title / Position:	
Email Address:	
Mobile Telephone Number:	
Signature & Date:	



SECTION 3 - SUPPORTING DOCUMENTS

1. A duly completed and signed application for a licence
2. A copy of the applicant's ID Card
3. A copy of the conduct certificate issued within two months prior to application date.
4. A copy of the approval by Environmental Health Dept (including a floor plan to scale with PA class approval and permit number)
5. If applying on behalf of a company, a copy of the Memorandum and Articles of Association, along with a declaration by the Director(s) of the company indicating their agreement for the licence to be issued on behalf of the applicant.
6. If applying for a licence to provide tattoo, semi-permanent tattoo or body-piercing services, a copy of the Certificate of Training, an accredited qualification in Infection Prevention and Control (EQF Level 4 or above) and results of an Anti HBS blood test confirming immunity. *
7. If the applicant is not an EU resident, a copy of the Residence Permit and the Jobsplus Employment History as on date of application are required.

* An English transcript is required for Certificates issued in a foreign language.