



MANATU HAUORA

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:	
Address of Applicant:	
Telephone/Fax numbers of the Applicant and contact (if applicable):	
Full name of the contact person applying on behalf of a registered company of incorporated society:	
Position of contact person:	
E-mail address of Applicant:	

Designation to Audit Health Care Services *(Please tick)*

	<i>Tick</i>	<i>Please detail all service categories experienced to audit</i>
Hospital services that are: <ul style="list-style-type: none"> • Children's health services • Medical services • Surgical services • Maternity services • Mental health services • Geriatric services • Other <i>(please specify)</i> 		
Age related residential services that are: <ul style="list-style-type: none"> • Rest home care 		
Residential disability services that are: <ul style="list-style-type: none"> • Intellectual • Physical • Psychiatric • Sensory 		
Other: <i>(Please specify)</i>		

Signature of Applicant

The applicant, or contact person for the applicant (if applicable, hereby applies for Designated Auditing Agency status to audit health care services under the Health and Disability Sector (Safety) Act 2001 in the above services.

Applicants Name(s): _____
(Please Print)

a. Applicant's Signature(s): _____ Date: _____

or;

a. Contact Person's Signature: _____ Date: _____

Declaration by Contact Person:

I declare that I have the authority to sign this application on behalf of the applicant

Signature: _____ Date: _____

Position held in the organisation, or other relationship (Please state):

Please submit or enclose:

- \$840.00 Application fee
- Evidence of how you will meet the requirements of Section 33(b) of the Health and Disability Sector (Safety) Act 2001.

Declaration:

I agree to comply with the Health and Disability Services (Safety) Act 2001, and will undertake to:

- Have effective systems for auditing the provision of services of that kind; **and**
- Administer those systems and arrangements properly and competently, and in compliance with any conditions subject to which the designation is given; **and**
- 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**
- Report to the Ministry of Health promptly after the audit of any services where the level of risk is assessed as critical; **and**
- Submit a summary audit report to the Ministry of Health.

Signature: _____ Name (Print): _____

Date: _____

I agree to contract with the Disability Services Directorate for contract compliance audits as required

Yes

No

Office Use Only

Date application received: _____

Approved./Not Approved

Signature: _____ Date: _____

(Director-General of Health)