

# **Private Hospitals and Medical Clinics (Amendment) Regulations 2001**

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**No. S 90**

## **PRIVATE HOSPITALS AND MEDICAL CLINICS ACT (CHAPTER 248)**

### **PRIVATE HOSPITALS AND MEDICAL CLINICS (AMENDMENT) REGULATIONS 2001**

In exercise of the powers conferred by section 22 of the Private Hospitals and Medical Clinics Act, the Minister for Health hereby makes the following Regulations:

#### **Citation and commencement**

**1.** These Regulations may be cited as the Private Hospitals and Medical Clinics (Amendment) Regulations 2001 and shall come into operation on 1st April 2001.

#### **Amendment of regulation 5**

**2.** Regulation 5(1) of the Private Hospitals and Medical Clinics Regulations (Rg 1) is amended by inserting, immediately after the words “Fourth Schedule”, the words “, and shall be paid by inter-bank GIRO or such other method of payment as the Director may specify”.

## Deletion and substitution of First Schedule

3. The First Schedule to the Private Hospitals and Medical Clinics Regulations is deleted and the following Schedule substituted therefor:

### FIRST SCHEDULE

PRIVATE HOSPITALS AND MEDICAL CLINICS ACT (CHAPTER 248)		FOR OFFICIAL USE		
PRIVATE HOSPITALS AND MEDICAL CLINICS REGULATIONS (REGULATION 3)		Date Application Received :		
APPLICATION FOR THE ISSUE/RENEWAL* OF A LICENCE		Date Payment Received :		
		Amount Paid :		
		Officer's Initial :		
Type of Licence Applied for : <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 1. Private Hospital Please indicate :                — 01. Hospital                — 02. Maternity Home                — 03. Nursing Home  <input type="checkbox"/> 2. Medical Clinic             </div> <div> <input type="checkbox"/> 3. Clinical Laboratory Please indicate :                — 01. Clinical and X-ray Laboratory                — 02. Clinical Laboratory                — 03. X-ray Laboratory  <input type="checkbox"/> 4. Healthcare Establishment             </div> </div>				
<b>SECTION 1 - PARTICULARS OF APPLICANT</b>				
Name in full (Do/With/Miss/Ms/Mr)		NRIC/Passport No.		
Home Address		Home Tel. No.	Office Tel. No.	
Professional Qualifications		Position Held in Private Hospital / Medical Clinic / Clinical Laboratory / Healthcare Establishment		
<b>SECTION 2 - PARTICULARS OF PREMISES</b>				
Name		Date of First Establishment		
Address		Tel. No.	Telex/Fax No.	
Approval from Building and Construction Authority, Ministry of National Development		Clearance from Singapore Fire Safety Bureau, Ministry of Home Affairs		
Reference No. :		Reference No. :		
Date of Approval :		Date of Approval :		
Date of Expiry :				
Is the establishment designated as a charity under the Charities Act (Cap.37) ?		<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		
<b>SECTION 3 - PARTICULARS OF THE PROPRIETOR/PARTNERS/DIRECTORS</b>				
SN	Name	Position Held	NRIC/Passport No.	Address
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

SECTION 4 – PARTICULARS OF PERSON WHO WILL MANAGE THE PRIVATE HOSPITAL/MEDICAL CLINIC/CLINICAL LABORATORY/HEALTHCARE ESTABLISHMENT			
Name in full (Dr/Mr/Ms/Mdm)	NRIC/Passport No.		
Home Address	Professional Qualifications		

  

SECTION 5 – DETAILS OF PREVIOUS APPLICATIONS UNDER THESE REGULATIONS			
Previously applied for licence ?	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	
If "Yes", please indicate :	Licence No. :	Date of Issue :	Date of Expiry :
Refused a licence ?	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	
If "Yes", please indicate :	Date of Application :	Date of Refusal :	
Cancellation of licence ?	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No	
If "Yes", please indicate :	Date of Cancellation :		

  

SECTION 6 – OTHER INFORMATION		
Names and addresses of other Private Hospitals/Medical Clinics/Clinical Laboratories/Healthcare Establishments owned or managed by Applicant or Partners/Directors :		
S/N	Name	Address
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

  

SECTION 7 – DECLARATION
I declare that the above statements in my application and in Form A/B/C* to be true, to the best of my knowledge.
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> <div style="border-top: 1px solid black; width: 100%; margin-bottom: 5px;"></div> Date </div> <div style="width: 45%; text-align: center;"> <div style="border-top: 1px solid black; width: 100%; margin-bottom: 5px;"></div> Signature of Applicant </div> </div>

*Note : The relevant form A, B or C must also be completed depending on the type of licence applied for. If there is insufficient space, please furnish the information on a separate sheet of paper.*

## FORM A

**THIS FORM MUST BE COMPLETED BY AN APPLICANT WHO APPLIES FOR A LICENCE FOR A PRIVATE HOSPITAL**

1. Classification of Private Hospital

(a) Number of Beds for Hospital/Maternity Home/Nursing Home :

(b) Breakdown of Hospital Beds :

	Number of Beds
1. Medical	
2. Surgical	
3. Maternity	
4. Children's	
5. Psychiatric	
6. Convalescent	
7. Others (please specify)	
8. High Dependency	
9. Intensive Care	
- Medical	
- Surgical	
- Coronary Care	
- Paediatric	
- Others (please specify)	

2. Accommodation

Room Type	Number of Rooms	Area of Smallest Room (in sq metres)
Single - Bedded		
Double - Bedded		
Three - Bedded		
Four - Bedded		
Six - Bedded		
Other Room Type (please specify)		

3. Facilities

(a) Suction facilities available ? ☐ 1. Yes ☐ 2. No

(b) Centralised piped medical gases available ? ☐ 1. Yes ☐ 2. No

If "Yes", please indicate

(i) Types of gases provided :

(ii) Areas to which the gases are provided and the number of outlets :

(c) Number of elevators available in the hospital :

4. Operation Theatres

(a) Number of operation theatres available : 

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Area of each theatre (in sq metres) :


(b) Facilities for the administration of anaesthesia :


(c) Post - anaesthetic recovery area(s) available ? ☐ 1. Yes ☐ 2. No

5. Specialised procedures or services available ? ☐ 1. Yes (please specify) \_\_\_\_\_  
☐ 2. No

6. Emergency back-up supply in Operating Theatres and Intensive Care Units ? ☐ 1. Yes ☐ 2. No

7. Arrangements for patients transfer available ? ☐ 1. Yes ☐ 2. No

8. Anaesthesia service available ? ☐ 1. Yes ☐ 2. No  
If "Yes", please indicate name and qualifications of doctors in-charge :

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9. Blood services available ? ☐ 1. Yes ☐ 2. No  
If "Yes", please indicate name and qualifications of person in-charge :

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10. Dietetic services available ? ☐ 1. Yes ☐ 2. No  
If "Yes", is there a qualified dietician in-charge ? ☐ 1. Yes ☐ 2. No

11. Admission room with reception area for registration of inpatient available ? ☐ 1. Yes ☐ 2. No

12. Emergency procedures available ? ☐ 1. Yes ☐ 2. No  
If "Yes", please indicate name and qualifications of doctors in-charge :

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