## **Application for Qualified Privilege by a Quality Assurance Committee**



The application form must be completed by all quality assurance committees wanting to apply for qualified privilege under the *Health Administration Act 1982*.

To assist you in understanding the requirements for applying for qualified privilege the information given in square brackets [] relates to the relevant part of the *Health Administration Act 1982* or the Health Administration Regulation 2015.

Each question must be answered. If any question is not answered the application will be returned.

Please attach additional pages if there is insufficient space provided to answer the questions.

Who is the contact person for this application
Name: Position: Postal address: Telephone: Facsimile: Email address:
1. What is the name of the specified committee seeking qualified privilege [Act - section 20E91]?  (it should be precise and summarise the service/s to be assessed/evaluated)  ———————————————————————————————————
2. What is the name of the prescribed establishment that established the committee?  [Act - section 20D, Regulation - clause 13 Schedule 1]
3. Was the committee established according to the rules and procedures of the prescribed establishment [Act - section 20E]?  Yes No (if No, the application will not be approved)
4. Has the committee received formal delegation from the prescribed establishment?  Yes No (if No, the application will not be approved)
5. List the positions (not people) that will make up the membership of the committee. For each position detail the training and expertise related to that position [Act - 20E(2)(c)].

6. What are the objectives of the committee [Act - section 20E(2)]?
7. What does the work of the committee involve [Act - section 20E(2)]?
8. Where will the committee obtain the information for the assessment/evaluation of the service/s [Act - section 20E(2)(b)]?
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9. Who will act on the recommendations arising from the assessment/evaluation of the service/s [Act - section 20E(2)(b)]?
10. Will the committee conduct investigations into the competence of a clinician [Act - section 20F(1)]?
Yes No (if Yes, the application will not be approved)
11. Will the committee provide reports to the following:
a. Public [Regulation - clause 10]
Yes No (if No, the application will not be approved)
b. Minister [Regulation - clause 11]
Yes No(if No, the application will not be approved)
c. Prescribed establishment [Regulation - clause 12]
Yes No (if No, the application will not be approved)

12. Will the functioning of the committee be facilitated by qualified privilege [Act - section 20E(2)(d)[?  Yes No(if No, the application will not be approved)
If Yes, how will it be facilitated?
13. Is it in the public interest to restrict the disclosure of information compiled by the committee [Act - section 20E(2)(e)]?
Yes (if No, the application will not be approved)
If Yes, what are the public interest reasons for granting this committee qualified privilege?
14. Will the information to be reviewed by the committee identify or be likely to identify a patient or a clinician [Act - section 20F(2)]?  Yes
If Yes, explain the procedures to be adopted to ensure that reports prepared by the committee will not identify a patient or a clinician unless he/she consents in writing:
15. Does the committee agree to operate under the principles of natural justice [Act - section 20F(3)]?
Yes (if No, the application will not be approved)
Tes (If two, the application will not be approved)
16. Has the committee sought qualified privilege from the Commonwealth or other states?
Yes
If Yes, provide details
Signed: Print Name:
Position in relation to the committee: Date:

## Send the completed application to:

Legal & Regulatory Services NSW Ministry of Health Locked Mail Bag 961 North Sydney NSW 2059 or Fax. (02) 9391 9556

For enquires about the application contact the Legal Branch on Tel. (02) 9391 9606 or email. legalmail@doh.health.nsw.gov.au

## THANK YOU FOR YOUR TIME