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| HealthCert | **Notification of change of clinical manager** |  |

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| **1. Premises** | | | | | | |
| Legal entity name | | | | | | |
| Enter legal entity name. | | | | | | |
| Facility name | | | | | | |
| Enter facility name. | | | | | | |
| District | | | | | | |
| Enter the district the facility is in. | | | | | | |
| **2. New clinical manager** | | | | | | |
| Registration number | | | | | | |
| Enter the new clinical manager’s Registration or Health Practitioner Index number. | | | | | | |
| Title |  | First name(s) | | |  | Last name |
| Enter title. |  | Enter first name(s). | | |  | Enter last name. |
| Start date for new clinical manager | | |  | Name and finish date for previous clinical manager | | |
| Enter the date the new clinical manager started or will start. | | |  | Enter the name and finish date of the previous clinical manager. | | |
| Is the appointment temporary or permanent? | | | | | | |
| Choose an item. | | | | | | |
| Is the clinical manager also the facility manager? (If yes please also complete a change of facility manager form.) | | | | | | |
| Choose an item. | | | | | | |
| Does the new clinical manager have clinical oversight for more than one aged care facility? | | | | | | |
| Choose an item. | | | | | | |
| If yes, please name the facility | | | | | | |
| Enter name of the facility. | | | | | | |
| Does the clinical manager have any other responsibilities (for example, overseeing care of residents in a retirement village)? | | | | | | |
| List other responsibilities of the clinical manager. | | | | | | |

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| **3. Declaration** |

I declare that the information provided is true and correct and I have the designated authority to make this notification.

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| Name |  | Date |
| Enter your name. |  | Enter date. |
| Designation | | |
| Enter your designation. | | |

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| **4. Submitting form** |

Please email the completed form to [certification@health.govt.nz](mailto:certification@health.govt.nz)

If you have any questions, please contact HealthCERT on 0800 113 813.

If you hold a contract with Te Whatu Ora, you should also send a copy of this form to your Te Whatu Ora Portfolio Manager.