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| **Registration Checklist**  |
| Mobile health servicesOFFICIAL |

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| Facility or Mobile health service name: |  |
| Business address: |  |

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| Item | Mark with (X) when complete | If item not completed, please detail why (e.g., document not applicable) |
| Schedule 4 – Application for Registration |  |  |
| Request an invoice of prescribed fee – this will be forwarded on receipt of application |  |  |
| Please provide the appropriate information required for your kind of entity e.g. A, B or C |
| A. Natural person (sole trader including partnership) |
| Australian Securities and Investments Commission (ASIC) current business name extract obtained in previous one month showing business name holder details |  |  |
| B. Company |
| ASIC business name extract obtained in previous one month showing business name holder details |  |  |
| ASIC company extract search obtained in previous one month showing registered company office details and listing all directors and office holders |  |  |
| If subsidiary company, a company structure chart |  |  |
| List Directors/Board Members or Office Bearers form |  |  |
| C. Incorporated Association or other body corporate |
| Certificate of incorporation or other documents (e.g., ASIC register) |  |  |
| List Directors/Board Members or Office Bearers form |  |  |
| **For each sole proprietor, partnership or company director or board member or controlling office bearers include:** |
| Statutory Declaration – Fitness and Propriety  |  |  |
| Copy of police check certificate issued within the past twelve (12) months **(must be a certified copy - see Note 2 in the guidelines)** |  |  |
| Statement by independent accountant  |  |  |
| Management and staffing requirements |
| Notification of Appointments of the following:–Complaints Officer, Chief Executive Officer and Medical Director |  |  |
| Staffing arrangements (nursing and medical staff) |  |  |
| Organisational chart |  |  |
| Committee Reporting Structure (Include Medical Advisory Committee membership) |  |  |
| Patient quality and safety requirements |
| Health service protocols for quality and safety (by-laws) |  |  |
| Medical credentialing policy Inc. scope of practice |  |  |
| Admission and discharge systems Inc. patient exclusion criteria |  |  |
| Clinical deterioration policy |  |  |
| Complaints management policy |  |  |
| Infection prevention and control policy |  |  |
| Policy and procedures manual |  |  |
| Open disclosure policy |  |  |
| Clinical risk management program Inc. quality improvement plan |  |  |
| Evacuation policy |  |  |
| Plans for patient experience and staff safety culture surveys |  |  |
| Sentinel event reporting |  |  |
| Health Services Permit (if applicable) |  |  |

**Send completed form**Complete the checklist and return it with your application to the Private Hospitals & Day Procedure Centres Unit Private Hospitals <privatehospitals@health.vic.gov.au>

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