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| **Registration – Bed numbers** |
| Private Hospitals – Health service establishments  OFFICIAL |

The Department of Health requires details of the prescribed health services to be offered and the number of beds that are used for each health service. For the purpose of this form, please write the **proposed number of beds** for the health service establishment.   
This should total the number of beds recorded on the department ‘**Certificate of Registration’** for this facility.

***The Health Services (Health Services Establishments) Regulations 2013*** states the definition of a bed as includes any of the following —   
**(a)** an emergency bed; **(b)** an intensive care unit bed **(c)** an in-patient overnight or day bed; **(d)** an in-patient overnight or day cot; **(e)** a stage 1 recovery bed; **(f)** a stage 2 recovery bed; **(g)** an oncology chair; **(h)** a renal treatment chair.

**Please write the number of beds in the table below for your facility**

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| --- | --- | --- | --- | --- | --- | --- |
| Name of Facility: | | | | | | |
| Number of Medical Health Services  services |  | Name of the person completing form: | |  | | |
| Number of Surgical Health Services |  | Role of the person completing form: | |  | | |
| Total number of beds on the registration certificate |  | Contact details of the person completing form: | |  | | |
| **Speciality health services** | | | **Number of beds** | **Speciality health services** | **Number of beds** |
| Alcohol or drug withdrawal  (detoxification – acute phase) | | |  | Neonatal services  (i.e., admission at your facility for a neonate **up to 28 days old**) |  |
| Anaesthesia **(indicate Y or N )** | | | **Y N** |
| Bariatric procedures | | |  | Neurosurgery |  |
| Cardiac catheterisation | | |  | Obstetrics |  |
| Cardiac surgery | | |  | Oncology (chemotherapy) |  |
| Cataract surgery | | |  | Oncology (radiation therapy) |  |
| Emergency medicine | | |  | Oocyte retrieval |  |
| Endoscopy | | |  | Paediatric services (indicate Y or N )  **Specify minimum age for a paediatric admission** at your facility (i.e., **older than 28 days**) | **Y N**  **\_\_\_\_\_\_\_ to**  **18yrs of age** |
| Intensive Care | | |  |
| Liposuction (Removing at least 200ml of lipoaspirate in total) | | |  | Renal dialysis |  |
| Mental Health Services | | |  | Specialist rehabilitation services |  |

**Send completed form to:**Please send the completed form to the Private Hospitals & Day Procedure Centres Unit [privatehospitals@health.vic.gov.au](mailto:privatehospitals@health.vic.gov.au)

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