

|  |
| --- |
| Health Services (Private Hospitals and Day Procedure Centres) Regulations 2013 |
| Schedule 3 |
|  |

# Application for variation or transfer of certificate of approval in principle of a private hospital or day procedure centre - Schedule 3

SECTION A

1. Full name of applicant (holder of Certificate of AIP):

2. Postal address of applicant:

3. The name, telephone and facsimile number and email address of a contact person for the purposes of the application:

Name:       T:       M:

E:       @       F:

SECTION B

1. The kind of health service establishment to which the application relates is:

[ ]  a private hospital [ ]  a day procedure centre

2. The name (or proposed name) of the hospital or centre, its street address and the municipal district in which the hospital or centre is, or is to be, located:

Name of hospital/centre:

Address:       P/code:

Municipal district:

3. This application is for approval in principle for:

[ ]  variation of the certificate of approval in principle or any condition to which it is subject; or

[ ]  transfer of the certificate of approval in principle to another person.

4. Reason for the proposed variation:

5. If the application relates to the transfer of the certificate to another person, what is;

(a) the name of that person

(b) the postal address of that person

1. that person’s, telephone and facsimile number and email address.

T:       F:

E:       @

6. If the transferee is a body corporate, the name and address of any director or officer of the body corporate who may exercise control over the private hospital or day procedure centre:

SECTION C

In accordance with section 70(3) of the **Health Services Act 1988**, I have given notice in writing of this application to any other person who has an interest in the land as owner or lessee.

Signature of applicant:

Name of each signatory (in BLOCK LETTERS)

Date:

NOTES:

(a) This application should be posted to:

Manager

Private Hospitals

Department of Health and Human Services

GPO Box 4057

MELBOURNE VIC 3001

(b) The application must be accompanied by –

(i) the prescribed fee (refer to [www.health.vic.gov.au/privatehospitals/fees.htm](http://www.health.vic.gov.au/privatehospitals/fees.htm) for the current prescribed fee); and

(ii) the documents listed in the applicable guide. Guides for assisting with the completion of applications are available from the Private Health Services Regulation Unit or can be downloaded from the Unit’s Internet site ([www.health.vic.gov.au/privatehospitals](http://www.health.vic.gov.au/privatehospitals)).

If you require further information please contact the Private Hospital Branch on +61 (3) 9096 2164.

|  |
| --- |
| To receive this publication in an accessible format phone 03 9096 2164, using the National Relay Service 13 36 77 if required, or email privatehospitals@dhhs.vic.gov.auAuthorised and published by the Victorian Government, 1 Treasury Place, Melbourne.© State of Victoria, Department of Health and Human Services <month, year>.Available at [http:/www.health.vic.gov.au/privatehospitals](http://www.health.vic.gov.au/privatehospitals) |