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| **Schedule 3 – Approval in principle (AIP) transfer or variation of a certificate** |
| Health service establishmentsOFFICIAL |

# Section A – Applicant details

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| Full name of applicant (holder of Cert of AIP): |  |
| Postal address of applicant: |  |

## Contact person for the purposes of the application

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| Contact name: |  |
| Position/title: |  |
| Mobile: |  |
| Email: |  |

# Section B – Details of transfer of variation

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| Type of health service establishment for which registration is sought- please mark with (x): |
|  | Private Hospital |
|  | Day Procedure Centre |
| Name of proposed health service establishment: |  |
| Full address of health service establishment: |  |
| Postal address (if different to above): |  |
| Municipality: |  |
| This AIP application is for- please mark with (x): |
|  | Variation of the certificate of AIP or any condition to which it is subject |
|  | Transfer of certificate of AIP to another person |
| Reason for the proposed variation: |
| If the application relates to the transfer of a certificate to a potential transferee, please provide their details |
| Name: |  |
| Postal address: |  |
| Mobile: |  |
| Email: |  |

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| If the transferee is a body corporate, provide details |
| Name: |  |
| Address: |  |
| Mobile: |  |
| Email: |  |

# Section C – Signature details

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| 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- |
| Name of applicant (in BLOCK LETTERS): |  |
| Signature of applicant: |  |
| Date: |  |

### Provide the following for an application

1. Email privatehospitals@health.vic.gov.au with the completed Schedule 3 form to request an invoice for payment of the prescribed fee (refer to Private Hospitals – fees <https://www.health.vic.gov.au/private-health-service-establishments/fees-for-private-health-service-establishments> for the current prescribed fee). **Payments must be made electronically.**
2. The documents listed in the applicable guide. Guides for assisting with the contemplation of applications are available for download from <https://www.health.vic.gov.au/private-health-service-establishments/forms-checklists-and-guidelines-for-private-health-service>.

## Send the completed form

Please send the signed and completed form by email to the Private Hospitals & Day Procedure Centres Unit privatehospitals@health.vic.gov.au

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| To receive this publication in an accessible format, email the Private Hospitals & Day Procedure Centres Unit <privatehospitals@health.vic.gov.au>Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne. © State of Victoria, Department of Health, May 2022. Available at [Forms, checklists and guidelines for private health service establishments](https://www.health.vic.gov.au/private-health-service-establishments/forms-checklists-and-guidelines-for-private-health-service) <https://www.health.vic.gov.au/private-health-service-establishments/forms-checklists-and-guidelines-for-private-health-service> |