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| **Schedule 2 – Application for  Approval in Principle (AIP)** |
| Health service establishments  OFFICIAL |

# Section A – Applicant details

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| Full name of applicant *(proprietor)*: |  |
| Name of health service establishment: |  |
| Full postal address of applicant: |  |

### Contact person for the purposes of the application

|  |  |
| --- | --- |
| Contact name: |  |
| Position/title: |  |
| Mobile: |  |
| Telephone: |  |
| Email: |  |
| If the application is a body corporate, the name and address of any director or officer of the body corporate who may exercise control over the health service establishment: | |
| Contact name: |  |
| Position/title: |  |
| Mobile: |  |
| Telephone: |  |
| Email: |  |
| Contact name: |  |

## Section B – Health service establishment details

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| The registration is for what type of health service establishment – please mark with an (x): | | |
|  | Private hospital | |
|  | Day procedure centre | |
|  | Mobile health service | |
| Name of proposed health service establishment: | |  |
| Full address of facility: | |  |
| Postal address (if different): | |  |
| Municipality / LGA: | |  |
| Telephone: | |  |

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| This application is for an approval in principle for – please mark with an (x): | |
|  | The use of particular land or premises as a health service establishment |
|  | Premises proposed to be constructed for use as a health service establishment |
|  | Alteration or extension to premises used, or proposed to be used, as a health service establishment |

## 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 the application:

1. Email [privatehospitals@health.vic.gov.au](mailto:privatehospitals@health.vic.gov.au) with the completed Schedule 2 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. Guides for assisting with the completion of applications are available to download from <https://www.health.vic.gov.au/private-health-service-establishments/forms-checklists-and-guidelines-for-private-health-service>.

**Please send the signed and completed form by email** to the [Private Hospitals](mailto:Private%20Hospitals) & Day Procedure Centres Unit [privatehospitals@health.vic.gov.au](mailto: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](mailto:privatehospitals@health.vic.gov.au) <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> |