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| **Schedule 4 – Application for Registration** |
| Mobile health services  OFFICIAL |

# Section A – Applicant details

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| --- | --- |
| Full name of applicant (proprietor): |  |
| Name of mobile health service: |  |
| Full postal address of applicant: |  |

## Contacted person for the purposes of the application

|  |  |
| --- | --- |
| Name: |  |
| Mobile: |  |
| Telephone: |  |
| Email: |  |
| If the application relates to the transfer of the certificate of registration to another person Schedule 6 should be used. | |

# Section B – Health service establishment details

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| Name of mobile health service establishment: |  |
| Postal address of applicant: |  |
| Municipality: |  |
| Telephone: |  |

# Section C – Signature

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| --- | --- |
| In accordance with Section 88(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](mailto:privatehospitals@health.vic.gov.au) with the completed Schedule 4 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 email 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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