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| **Registration Application for Variation Checklist** |
| Health service establishments or Mobile health serviceOFFICIAL |

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| Health service establishment or Mobile health service name: |  |
| Health service establishment / Business address: |  |
| Proprietor’s name: |  |
| Item | Mark with (x) when complete | If item not completed, please detail why (e.g., document not applicable) |
| Schedule 6 – Application for Variation of Registration  |  |  |
| Payment of prescribed fee attached  |  |  |
| Description of variation and supporting documentation |
| An alteration of the number of beds (Health Service Establishment only)1. Increase or decrease in beds for an existing prescribed health service
 |
| The type of prescribed health the extra beds will be used for |  |  |
| The management and staffing arrangements to support the change including qualifications of key staff |  |  |
| Which beds will be removed from service |  |  |
| Variation to the kinds of prescribed health services offered |
| The clinical specialities including the type and level of clinical services (acuity) for the prescribed health service |  |  |
| The proposed model of care |  |  |
| The management and staffing arrangements to support the change including qualifications of key staff |  |  |
| Local policies and procedures to support the new service |  |  |
| The services the facility proposes to discontinue |  |  |
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| Item | Mark with (x) when complete | If item not completed, please detail why (e.g., document not applicable) |
| Change of the kind of health service establishment (Health Service Establishment only) |
| i. from a day procedure centre to a private hospital or  |
| ii. a private hospital to a day procedure centre |
| Beds to be used for overnight accommodation |  |  |
| Overnight management and staffing arrangements |  |  |
| Provide details of agreement with a hospital (public or private) in case a patient requires emergency transfer |  |  |
| Variation of any condition on the registration |
| Reason for proposed request to change or remove a condition on registration |  |  |

**Send completed form**Complete the checklist and return it with your application to the Private Hospitals & Day Procedure Centres Unit Private Hospitals privatehospitals@health.vic.gov.au

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