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| **Registration Checklist** |
| Mobile health services  OFFICIAL |

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| Facility or Mobile health service name: |  |
| Business address: |  |

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| Item | | Mark with (X) when complete | | If item not completed, please detail why (e.g., document not applicable) |
| Schedule 4 – Application for Registration | |  | |  |
| Request an invoice of prescribed fee – this will be forwarded on receipt of application | |  | |  |
| Please provide the appropriate information required for your kind of entity e.g. A, B or C | | | | |
| A. Natural person (sole trader including partnership) | | | | |
| Australian Securities and Investments Commission (ASIC) current business name extract obtained in previous one month showing business name holder details | |  | |  |
| B. Company | | | | |
| ASIC business name extract obtained in previous one month showing business name holder details | |  | |  |
| ASIC company extract search obtained in previous one month showing registered company office details and listing all directors and office holders | |  | |  |
| If subsidiary company, a company structure chart | |  | |  |
| List Directors/Board Members or Office Bearers form | |  | |  |
| C. Incorporated Association or other body corporate | | | | |
| Certificate of incorporation or other documents  (e.g., ASIC register) | |  | |  |
| List Directors/Board Members or Office Bearers form | |  | |  |
| **For each sole proprietor, partnership or company director or board member or controlling office bearers include:** | | | | |
| Statutory Declaration – Fitness and Propriety | |  | |  |
| Copy of police check certificate issued within the past twelve (12) months **(must be a certified copy - see Note 2 in the guidelines)** | |  | |  |
| Statement by independent accountant | |  | |  |
| Management and staffing requirements | | | | |
| Notification of Appointments of the following:  –Complaints Officer, Chief Executive Officer and Medical Director |  | |  | |
| Staffing arrangements (nursing and medical staff) |  | |  | |
| Organisational chart |  | |  | |
| Committee Reporting Structure (Include Medical Advisory Committee membership) |  | |  | |
| Patient quality and safety requirements | | | | |
| Health service protocols for quality and safety (by-laws) |  | |  | |
| Medical credentialing policy Inc. scope of practice |  | |  | |
| Admission and discharge systems Inc. patient exclusion criteria |  | |  | |
| Clinical deterioration policy |  | |  | |
| Complaints management policy |  | |  | |
| Infection prevention and control policy |  | |  | |
| Policy and procedures manual |  | |  | |
| Open disclosure policy |  | |  | |
| Clinical risk management program Inc. quality improvement plan |  | |  | |
| Evacuation policy |  | |  | |
| Plans for patient experience and staff safety culture surveys |  | |  | |
| Sentinel event reporting |  | |  | |
| Health Services Permit (if applicable) |  | |  | |

**Send completed form**Complete the checklist and return it with your application to the Private Hospitals & Day Procedure Centres Unit [Private Hospitals](mailto:Private%20Hospitals) <privatehospitals@health.vic.gov.au>

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| To receive this publication in an accessible format, email the [Private Hospitals and 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 privatehealth 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> |