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| **Renewal of Registration Checklist** |
| Health service establishments and Mobile health servicesOFFICIAL |

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| Facility / establishment name or Mobile health service: |  |
| Facility / 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 5 – Application for Renewal of Registration |  |  |
| Payment of prescribed fee (or copy of receipt of payment) attached |  |  |
| 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 |  |  |
| Directors / Board Members or Office Bearers form |  |  |
| C. Incorporated Association or other body corporate |
| Certificate of incorporation or other documents (e.g., ACIC register) |  |  |
| Directors / Board Members or Office Bearers form |  |  |
| Most recent annual report or annual return **(not required for Mobile health service)** |  |  |
| **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 months**(Must be a certified copy- see Note 2 in the guidelines)** |  |  |
| Statement by independent accountant  |  |  |
| Security of tenure **(Mobile health services not required)** |  |  |
| Confirmation of Bed Numbers  |  |  |
| Current quality accreditation certificate and most recent detailed accreditation report **(Mobile health services not required)** |  |  |

**Send completed forms to:**Please complete the checklist and email with your application to the Private Hospitals & Day Procedure Centres Unit at privatehospitals@health.vic.gov.au

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