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| **Schedule 5 – Application  for Renewal of Registration** |
| Health service establishment or Mobile health service  OFFICIAL |

# Section A – Applicant details

Important: **Only the registered company, sole trader or proprietor recorded on the current Certificate of Registration or Renewal of Registration can make an application for renewal of registration.**

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| Name of health service establishment / facility / mobile health service: |  |
| Full name of applicant (company, sole trader, or proprietor): |  |
| Full postal address of applicant  (company, sole trader, or proprietor): |  |
| Name: |  |
| Mobile: |  |
| Telephone: |  |
| Email: |  |
| **If the applicant is a body corporate, name and address of director or officer of the body corporate who may exercise control over the health service establishment.** | |
| Name: |  |
| Address: |  |
| Telephone: |  |

# Section B – Health service establishment details

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| Name of health service establishment or mobile service: |  |
| Address: |  |
| Postal address (if different to above): |  |
| Date of expiry of current registration: |  |
| 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 leasee.** | |
| Name of applicant  (in BLOCK LETTERS): |  |
| Signature of applicant: |  |
| Date: |  |

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### Provide the following for an application:

1. Email [privatehospitals@health.vic.gov.au](mailto:privatehospitals@health.vic.gov.au) and request an invoice accompanied by the completed  
   Schedule 5 form. A copy of payment is to be emailed as confirmation of payment for 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); and
2. supporting documentation; and
3. 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 send the signed and completed form by email to the Private Hospitals and Day Procedure Centres Unit at [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 and Day Procedure Centre 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](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> |