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| **Schedule 6 – Application for Variation of Registration** |
| Health service establishments or Mobile health service  OFFICIAL |

# Section A – Applicant details

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| --- | --- | --- |
| Full name of proprietor: |  |  |
| Full name of applicant: |  |  |
| Name of health service establishment or Mobile health service: |  |  |
| Full postal address of applicant: |  |  |

### Contact person for the purposes of the application:

|  |  |
| --- | --- |
| Name: |  |
| Mobile: |  |
| Email: |  |

# Section B – Variation details

|  |  |
| --- | --- |
| The nature of the variation sought. Mark with an (x) | |
|  | Change of the proprietor |
|  | Change of trading or facility name |
|  | Transfer of certificate of registration to another potential proprietor of the establishment |
|  | Variation of any condition to which the registration is subject |
|  | An alteration in the number of beds in health service establishment |
|  | Variation of the kinds of prescribed health services that may be carried at or from the premises |
|  | Variation of the number of beds that may be used for specific kinds of prescribed health services |
| **Provide details of variation sought:** | |
|  | |

# Section C – Signature

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| --- | --- |
| **In accordance with Section 92(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) and request an invoice accompanied by the completed  
   Schedule 6 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. any 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>.

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### Send the completed form

Please send the signed and completed form by email to the Private Hospital & 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 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 private health services](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> |