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| Checklist for Transfer of Registration |
| Health service establishments |

# Checklist for Application for Transfer of Registration

Please complete the checklist and return it with your application to:

Manager  
Private Hospitals  
Department of Health and Human Services  
GPO Box 4057  
MELBOURNE VIC 3001

|  |  |
| --- | --- |
| Facility name: |  |
| Facility address: |  |

## Current (outgoing) proprietor

|  |  |  |
| --- | --- | --- |
| 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 (or copy of receipt of payment) |  |  |

### Proposed (incoming) proprietor

|  |  |  |
| --- | --- | --- |
| Item | Mark with (x) when complete | If item not completed, please detail why (e.g. document not applicable |
| Please provide the appropriate information required for your kind of entity e.g. A, B or C | | |
| A. Natural person (sole trader including partnership) | | |
| Name and address details |  |  |
| Certificate of registration of business name for new health service establishment |  |  |
| B. Company | | |
| Certificate of registration of business name for new name of health service establishment |  |  |

|  |  |  |
| --- | --- | --- |
| Item | Mark with (x) when complete | If item not completed, please detail why (e.g. document not applicable |
| Please provide the appropriate information required for your kind of entity e.g. A, B or C | | |
| A. Natural person (sole trader including partnership) | | |
| Name and address details |  |  |
| Certificate of registration of business name for new health service establishment |  |  |
| B. Company | | |
| Certificate of registration of business name for new name of health service establishment |  |  |
| Australian Securities and Investments Commission (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 for registration of each director |  |  |
| C. Incorporated association or other body corporate | | |
| Registered office of the incorporated association or body corporate |  |  |
| Certificate of incorporation or other documents |  |  |
| Directors/Board Members or Office Bearers form for registration |  |  |
| Most recent annual report or annual return |  |  |
| Statutory Declaration – Fitness and Propriety (REN2) |  |  |
| Details of relevant professions qualifications and CV |  |  |
| Police check certificate issued within the last 12 months (original or certified copy) |  |  |
| Statement regarding previous registration |  |  |
| Statement by accountant for registration form |  |  |
| Security of tenure over site details |  |  |
| Confirmation of bed numbers for prescribed services |  |  |
| **Management and staffing requirements** | | |
| Appointment of Director of Nursing form |  |  |
| Appointment of Complaints Officer form |  |  |
| Appointment of Chief Executive Officer form (if appointed) |  |  |
| Appointment of Medical Director form (if appointed) |  |  |
| Management and staffing arrangements |  |  |
| Medical advisory committee |  |  |
| Competencies for clinical staff |  |  |
| **Patient quality and safety requirements** | | |
| Complaints management system |  |  |
| Infection control and prevention strategy |  |  |
| Quality improvement plan |  |  |
| Clinical risk management program |  |  |
| Enrolment in an accreditation program details |  |  |

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