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| Checklist for Approval in Principle (AIP) – New Establishment |
| Health service establishments |

# Checklist for AIP for development of a new health service establishment

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

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| Item | Mark with (x) when complete | If item not completed, please detail why (e.g. document not applicable) |
| Pre-AIP application submission meeting Private Hospitals Unit |  |  |
| Schedule 2 – Application for AIP |  |  |
| Payment of prescribed fee (or copy of receipt payment) |  |  |
| Business plan and description of clinical health services |  |  |
| Proposed bed numbers form |  |  |
| Architectural drawings:1:100 schematic design floor plansite plan drawn to 1:200 or 1:500 showing the ambulance bayflow diagram for key clinical areas (such as DOSA, theatres, endoscopy)proposed finishes at 1:100 scale (basic finishes such as vinyl, slip resistant vinyl, carpet etc).proposed detailed fitout plan at 1:50 scale for major rooms (can be Generic Room Layout Sheets) |  |  |
| Schedule of accommodation identifying relevant AusHFG Health Planning Units and departures including rooms which are undersized or missing. |  |  |
| Statement regarding type of external cladding |  |  |
| Time frame statement including start/end dates and stages of works if applicable |  |  |
| Copy of current planning permit, or statement by local council that a planning permit is not required |  |  |

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| Item | Mark with (x) when complete | If item not completed, please detail why (e.g. document not applicable) |
| A. Natural person (sole trader including partnership) |
| Name, address etc.  |  |  |
| B. Company |
| Australian Securities and Investments Commission (ASIC) business name extract obtained in previous one month showing business name holder details |  |  |
| Australian Securities and Investments Commission (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 AIP |  |  |
| 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 AIP |  |  |
| Most recent annual report or annual return |  |  |
| Probity information |
| Statutory Declaration – Fitness and Propriety |  |  |
| Details of relevant professions qualifications and CV |  |  |
| Police check certificate issued within the last 12 months (original or certified copy)  |  |  |
| Statement by accountant for AIP application |  |  |
| Security of tenure over site |  |  |

**Send the completed form**

Please send the signed, completed form and curriculum vitae by email to Private Hospitals

or by post to:

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

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