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| Checklist for Registration |
| Mobile health services |

# Checklist for application for registration of a mobile health service

Please send the completed checklist with your application to:

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

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| Facility name: |  | | |
| Facility address: |  | | |
| Item | | Mark with (x) when complete | If item not completed, please detail why (e.g. document not applicable) |
| Schedule 4 – Application for Registration form | |  |  |
| 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) | | | |
| Name and address details | |  |  |
| Certificate of registration of business name for new name of mobile health service | |  |  |
| B. Company | | | |
| Certificate of registration of business name for new name of mobile health service | |  |  |
| 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 | |  |  |
| Registration—Directors/Board Members or Office Bearers form for 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 | |  |  |
| Management and staffing requirements | | | |
| Notification of Appointments of the following:  –Complaints Officer, Chief Executive Officer and Medical Director | |  |  |
| Staffing arrangements (nursing and medical staff) | |  |  |
| Organisational chart | |  |  |
| Committee Reporting Structure (Include Medical Advisory Committee membership) | |  |  |
| Staffing arrangements (medical and nursing staff) | |  |  |
| Patient quality and safety requirements | | | |
| Health service protocols for quality and safety (by-laws) | |  |  |
| Medical credentialing policy Inc. scope of practice | |  |  |
| Admission and discharge systems Inc. patient exclusion criteria | |  |  |
| Clinical deterioration policy | |  |  |
| Complaints management policy | |  |  |
| Infection prevention and control policy | |  |  |
| Policy and procedures manual | |  |  |
| Open disclosure policy | |  |  |
| Clinical risk management program Inc. quality improvement plan | |  |  |
| Evacuation policy | |  |  |
| Plans for patient experience and Staff safety culture surveys | |  |  |
| Sentinel event reporting | |  |  |
| Health Services Permit (if applicable) | |  |  |

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