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

# Checklist for Application for Variation of Registration

Please send the completed checklist and your application to:

The Manager

Private Hospitals

Department of Health and Human Services

GPO Box 4057

MELBOURNE VIC 3001

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| Health service establishment name: |  |
| Health service establishment address: |  |
| Proprietor’s name: |  |

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| --- | --- | --- |
| 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 attached |  |  |
| Description of variation and supporting documentation | | |
| An alteration of the number of beds   1. Increase or decrease in beds for an existing prescribed health service | | |
| The type of prescribed health the extra beds will be used for |  |  |
| The management and staffing arrangements to support the change including; qualifications of key staff |  |  |
| Which beds will be removed from service |  |  |
| Variation to the kinds of prescribed health services offered | | |
| The clinical specialities including the type and level of clinical services (acuity) for the prescribed health service |  |  |
| The proposed model of care |  |  |
| The management and staffing arrangements to support the change including; qualifications of key staff |  |  |
| Local policies and procedures to support the new service |  |  |
| The services the facility proposes to discontinue |  |  |
| Details of changes or reallocation of beds |  |  |

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| Change of the kind of health service establishment | | |
| i. from a day procedure centre to a private hospital or | | |
| ii. a private hospital to a day procedure centre | | |
| Beds to be used for overnight accommodation |  |  |
| Overnight management and staffing arrangements |  |  |
| Provide details of agreement with a hospital (public or private) in case a patient requires emergency transfer |  |  |
| Variation of any condition on the registration | | |
| Reason for proposed request to change or remove a condition on registration |  |  |

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