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| Checklist for AIP |
| Day Procedure Centre - mobile health service |

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

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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) |
| Schedule 2 – Application for Approval in Principle |  |  |
| Payment of prescribed fee (or copy of receipt payment) |  |  |
| Statement by accountant for AIP application |  |  |
| 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, address etc. |  |  |
| B. Company | | |
| 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 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 |  |  |
| D. Other information | | |
| Statutory Declaration – Fitness and Propriety form |  |  |
| Details of relevant professions qualifications & CV |  |  |
| Police check certificate issued within the last 12 months (original or certified copy) |  |  |

**Send the completed form**

Please send the signed, completed form and curriculum vitae by email to [Private Hospitals](mailto:privatehospitals@dhhs.vic.gov.au)

or by post to:

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

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