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| Schedule 2 – Application for AIP |
| Mobile health services |

# Application for approval in principle (AIP) of a mobile health service

## Section A – Applicant details

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| --- | --- |
| Full name of applicant *(proprietor)*: |  |
| Name of facility: |  |
| Full postal address of applicant: |  |

### Contact person for the purposes of the application

|  |  |
| --- | --- |
| Contact name: |  |
| Position/title: |  |
| Mobile: |  |
| Telephone: |  |
| Email: |  |
| If the application is a body corporate, the name and address of any director or officer of the body corporate who may exercise control over the health service establishment: | |
| Contact name: |  |
| Position/title: |  |
| Mobile: |  |
| Telephone: |  |
| Email: |  |
| Contact name: |  |

## Section B – Health service establishment details

|  |  |
| --- | --- |
| Name of proposed facility: |  |
| Full address of facility: |  |
| Postal address (if different): |  |
| Municipality: |  |
| Telephone: |  |

## Section C – Signature details

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| In accordance with Section 70(3) of the *Health Services Act 1988*, I have given notice in writing of this application to any other person who has an interest in the land as owner or lessee. | |
| Name of applicant (in BLOCK LETTERS): |  |
| Signature of applicant: |  |
| Date: |  |

### The application must be accompanied by:

1. the prescribed fee (refer to [Private Hospitals – fees](https://www2.health.vic.gov.au/hospitals-and-health-services/private-hospitals/registration-fees) for the current prescribed fee); and
2. the documents listed in the applicable guide: Guides for assisting with the completion of applications are available to download from [Private Hospitals – forms](https://www2.health.vic.gov.au/hospitals-and-health-services/private-hospitals/forms-checklists-guides).

If you require further information please contact the Private Hospitals unit on +61(03)90962164.

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

or by post to:

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

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