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| Schedule 3 – Application Form for Transfer or Variation of Certificate of AIP |
| Mobile health services |

# Section A – Applicant details

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| --- | --- |
| Full name of applicant (holder of Cert of AIP): |  |
| Postal address of applicant: |  |

## Contact person for the purposes of the application

|  |  |
| --- | --- |
| Contact name: |  |
| Position/title: |  |
| Mobile: |  |
| Telephone: |  |
| Email: |  |

# Section B – Details of transfer of variation

|  |  |  |
| --- | --- | --- |
| Name of proposed health service establishment: | |  |
| Full address of health service establishment: | |  |
| Postal address (if different to above): | |  |
| Municipality: | |  |
| This AIP application is for- please mark with (x): | | |
|  | Variation of the certificate of AIP or any condition to which it is subject | |
|  | Transfer of certificate of AIP to another person | |

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| --- |
| Reason for the proposed variation: |

|  |  |
| --- | --- |
| If the application relates to the transfer of a certificate to a potential transferee, please provide their details | |
| Name: |  |
| Postal address: |  |
| Telephone: |  |
| Mobile: |  |
| Email: |  |

|  |  |
| --- | --- |
| If the transferee is a body corporate, provide details | |
| Name: |  |
| Address: |  |
| Telephone: |  |
| Mobile: |  |
| Email: |  |

# Section C – Signature details

|  |  |
| --- | --- |
| In accordance of 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);
2. the documents listed in the applicable guide. Guides for assisting with the contemplation of applications are available for download from [Private Hospitals – forms](https://www2.health.vic.gov.au/hospitals-and-health-services/private-hospitals/forms-checklists-guides).

## Send the completed form

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 and Human Services  
GPO Box 4057  
MELBOURNE VIC 3001

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