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| Schedule 4 – Application for Registration |
| Mobile health services |

# Section A – Applicant details

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| Full name of applicant (proprietor): |  |
| Name of mobile health service: |  |
| Full postal address of applicant: |  |

## Contacted person for the purposes of the application:

|  |  |
| --- | --- |
| Name: |  |
| Mobile: |  |
| Telephone: |  |
| Email: |  |
| If the application relates to the transfer of the certificate of registration to another person Schedule 6 should be used. | |

# Section B – Health service establishment details

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| --- | --- |
| Name of health service establishment: |  |
| Address of health service establishment: |  |
| Postal address (if different from above): |  |
| Municipality: |  |
| Telephone: |  |

# Section C – Signature

|  |  |
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| In accordance with Section 88(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 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)

or by post to:

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

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