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| Schedule 5 – Application for Renewal of Registration |
| Mobile health services |

# Section A – Applicant details

Please note: only the registered company, sole trader or proprietor recorded on the current Certificate of Registration or Renewal of Registration can make an application for renewal of registration.

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| Name of health service establishment: |  |
| Full name of applicant (company, sole trader or proprietor): |  |
| Full postal address of applicant (company, sole trader or proprietor): |  |
| Name: |  |
| Mobile: |  |
| Telephone: |  |
| Email: |  |
| If the applicant is a body corporate, name and address of director or officer of the body corporate who may exercise control over the health service establishment. | |
| Name: |  |
| Address: |  |
| Telephone: |  |

# Section B – Health service establishment details

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| Name of health service establishment: |  |
| Address: |  |
| Postal address (if different to above): |  |
| Date of expiry of current registration: |  |
| 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);
2. any supporting documentation; and
3. 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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