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| Schedule 6 – Application for Variation of Registration  |
| Health service establishments |

# Section A – Applicant details

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| Full name of proprietor: |  |
| Full name of applicant: |  |
| Name of health service establishment: |  |
| Full postal address of applicant: |  |

### Contact person for the purposes of the application:

|  |  |
| --- | --- |
| Name: |  |
| Mobile: |  |
| Telephone: |  |
| Email: |  |

# Section B – Variation details

## The nature of the variation sought

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| Please mark with an (x) |
|  | Change of the kind of establishment to which the registration applies |
|  | Change of the proprietor |
|  | Change of trading or facility name |
|  | Transfer of certificate of registration to another potential proprietor of the establishment |
|  | Variation of any condition to which the registration is subject |
|  | An alteration in the number of beds in health service establishment |
|  | Variation of the kinds of prescribed health services that may be carried at or from the premises |
|  | Variation of the number of beds that may be used for specific kinds of prescribed health services |
| Please provide details of variation sought: |
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# Section C – Signature

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| In accordance with Section 92(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 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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