

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

# Section A – Applicant details

|  |  |
| --- | --- |
| 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

|  |  |
| --- | --- |
| 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: | |
|  | |

# Section C – Signature

|  |  |
| --- | --- |
| 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](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

|  |
| --- |
| To receive this publication in an accessible format email Private Hospitals [privatehospitals@dhhs.vic.gov.au](mailto:privatehospitals@dhhs.vic.gov.au) Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne. © State of Victoria, Department of Health and Human Services April 2017. Available at Private Hospitals on the Health.vic website <https://www2.health.vic.gov.au/hospitals-and-health-services/private-hospitals/forms-checklists-guides> |