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| Checklist for Approval in Principle (AIP) – Variation of Certificate |
| Health service establishments |

# Checklist for application for variation of certificate of AIP

Please send the completed checklist and applications 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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| Facility name: |  | | |
| Facility address: |  | | |
| Item | | Mark with (x) when complete | If item not completed, please detail why (e.g. document not applicable) |
| Pre-AIP application submission meeting with Private Hospitals Unit | |  |  |
| Schedule 3 – Application for transfer or variation of AIP | |  |  |
| Payment of prescribed fee (or copy of receipt of payment) attached | |  |  |
| Written description of the proposed changes to the issued AIP including: alteration to the design, clinical services offered, bed numbers etc | |  |  |
| Architectural drawings:   * 1:100 schematic design floor plan (please cloud the changes on floor plan). * clean and dirty flow diagram for key clinical areas (such as DOSA, theatres, endoscopy) * proposed finishes at 1:100 scale (basic finishes such as vinyl, slip resistant vinyl, carpet etc). | |  |  |
| Schedule of accommodation identifying relevant AusHFG Health Planning Units and departures including rooms which are undersized or missing. | |  |  |
| Timeframe statement including changes to the start/end dates and staging of works (if applicable) | |  |  |
| Copy of current planning permit, or statement by local council that a planning permit is not required | |  |  |

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