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| Checklist for Approval in Principle |
| Health service establishments |

# Checklist for application to transfer a certificate of AIP

Please send the completed checklist and applications by email to Private Hospitals

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: |  |

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| Item | Mark with (x) when complete | If item not completed, please detail why (e.g. document not applicable) |
| Pre-AIP application submission meeting Private Hospitals Unit  |  |  |
| Schedule 2 – Application for variation or transfer of AIP  |  |  |
| Payment of prescribed fee (or copy of receipt of payment) attached |  |  |
| Please provide the appropriate information required for your kind of entity e.g. A, B or C |  |  |
| A. Natural person (sole trader including partnership) |
| Name and address details. |  |  |
| B. Company  |
| Australian Securities and Investments Commission (ASIC) business name extract obtained in previous one month showing business name holder details |  |  |
| Australian Securities and Investments Commission (ASIC) company extract search obtained in previous one month showing Registered company office details and listing all directors and office holders |  |  |
| If subsidiary company, a company structure chart |  |  |
| Directors/board members or office bearers form for AIP  |  |  |
| C. Incorporated Association or other body corporate |
| Registered office of the incorporated association or body corporate |  |  |
| Certificate of Incorporation or other documents |  |  |
| Directors/board members or office bearers form for AIP |  |  |
| Most recent Annual Report or Annual Return |  |  |
| For each natural person (sole proprietor, partnership), director or board member/controlling office bearer include: |  |  |
| Statutory Declaration – Fitness and Propriety |  |  |
| Details of relevant professions qualifications & CV |  |  |
| Police check certificate issued within the last 6 months (original or certified copy) |  |  |
| Statement regarding previous registration |  |  |
| Statement by accountant for AIP application |  |  |

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