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| Guideline for Variation of Registration |
| Health service establishments |

# Guideline for Application for Variation of Registration of a Health Service Establishment

The proprietor of a registered health service establishment may apply for the variation of registration of the establishment.

The Department of Health and Human Services (the department) assesses an application for the variation of registration in accordance with criteria detailed in section 93 of the *Health Services Act 1988* (the Act). An application for variation of registration can be made for:

* change of the kind of establishment to which the registration applies;
* transfer of the certificate of registration to another person who intends to become the proprietor of the establishment;
* variation of any condition to which the registration is subject;
* an alteration in the number of beds to which the registration relates;
* variation of the kinds of prescribed health services that may be carried out on the premises; or
	+ variation of the number of beds that may be used for specified kinds of prescribed health services.

The information required by the department to assess an application for variation is specified in more detail below.

For applications relating to a transfer of the registration to another person or legal entity, refer to the Guideline for Application for the Transfer of Registration of a Health Service Establishment (available for download from [Private Hospitals - forms](https://www2.health.vic.gov.au/hospitals-and-health-services/private-hospitals/forms-checklists-guides)).

## How to complete an application for variation of registration

### 1. Schedule 6 form and prescribed fee

Applicants are required to complete Schedule 6 - Application for Variation of the Registration of a Health Service Establishment (available for download from [Private Hospitals - forms](https://www2.health.vic.gov.au/hospitals-and-health-services/private-hospitals/forms-checklists-guides)) and include all the information outlined below.

The application must include the prescribed fee as indicated on the Private Hospitals website - [Private Hospitals - forms](https://www2.health.vic.gov.au/hospitals-and-health-services/private-hospitals/forms-checklists-guides). Cheques or money orders should be made payable to “Department of Health and Human Services”. Payment by EFT is also available. Email mailto:privatehospitals@dhhs.vic.gov.au and request a variation invoice accompanied by schedule 6 form. If payment is made by EFT, a copy of confirmation of payment is to be provided with the application.

Please note that only the registered proprietor (recorded on the current Certificate of Registration or Certificate of Renewal of Registration) can make an application for variation of registration.

### 2. Description of variation to registration and supporting documentation

The supporting documents and information will vary depending on the reason for the variation of registration.

### An alteration in the number of beds

Proprietors may apply to increase or decrease the total number of beds for prescribed health services already offered at the facility.

To support the application please provide details of:

* the type of prescribed health services the extra beds will be used for;
* the management and staffing arrangements to support the change including qualifications of key staff for the additional beds;
	+ a description of which beds the facility proposes to remove from service (if applicable).

### Variation of the kinds of prescribed health services offered

Proprietors may apply to add or remove the type of prescribed health services offered at the facility.

### Addition of prescribed health service

Please provide details of:

* the clinical specialties including the type and level of clinical services (acuity) for the prescribed health service;
* The proposed model of care;
* an outline of management and staffing arrangements including qualifications of key staff for the new service; and
	+ local policies and procedures to support the new service.

### Removal of prescribed service

Please provide details of:

* a description of which service or services the facility proposes to discontinue; and
	+ details of any changes to bed numbers or reallocation of bed numbers as a result of the removal of the service.

### Change of the kind of establishment to which the registration applies

Proprietors may apply to have a day procedure centre changed to a private hospital or private hospital to a day procedure centre.

Please provide details of:

* which beds will be used to accommodate patients overnight; and
* which prescribed health services will be provided to overnight patients.
* overnight management and staffing arrangements.
* local policies and procedures to support the new service.

Please provide documented details that an agreement is in place with a hospital (private or public) for transfer of any patient who:

* cannot be safely discharged and requires transfer to a hospital with inpatient facilities; or
* requires emergency transfer to a hospital in the event of a medical emergency.

### Variation of any condition to which the registration is subject

Please provide a description of the condition and why it is appropriate that the condition be changed or removed.

### 3. Accuracy of information

It is an offence under section 151 of the Act to provide false or misleading information for the purposes of complying with the Act.

## What happens after an application is made?

### Timeframes

The Secretary (or Delegate) has 60 days after receiving an application (comprising the scheduled form and prescribed fee) to inform the applicant of a decision. If the Secretary (or Delegate) requests the applicant to provide additional information, a decision must be made within 28 days of receipt of the information last requested or within the 60-day period, whichever is later. Proprietors should keep these timeframes in mind when submitting an application for assessment.

### Endorsement of certificate

If the Secretary (or Delegate) approves the application, the Certificate of Registration or Renewal of Registration will be endorsed with the particulars of the variation. Private Hospitals Unit staff will contact applicants during the application process to arrange for the return of the original certificate to the department for endorsement. The certificate will be returned by post after endorsement.

## 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 & Human Services
GPO Box 4057
MELBOURNE VIC 3001

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