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| **Schedule 3 – Approval in principle  (AIP) transfer or variation of a certificate** |
| Health service establishments  OFFICIAL |

# Section A – Applicant details

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| Full name of applicant (holder of Cert of AIP): |  |
| Postal address of applicant: |  |

## Contact person for the purposes of the application

|  |  |
| --- | --- |
| Contact name: |  |
| Position/title: |  |
| Mobile: |  |
| Email: |  |

# Section B – Details of transfer of variation

|  |  |  |  |
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| Type of health service establishment for which registration is sought- please mark with (x): | | | |
|  | Private Hospital | | |
|  | Day Procedure Centre | | |
| Name of proposed health service establishment: | | |  |
| Full address of health service establishment: | | |  |
| Postal address (if different to above): | | |  |
| Municipality: | | |  |
| This AIP application is for- please mark with (x): | | | |
|  | Variation of the certificate of AIP or any condition to which it is subject | | |
|  | Transfer of certificate of AIP to another person | | |
| Reason for the proposed variation: | | | |
| If the application relates to the transfer of a certificate to a potential transferee, please provide their details | | | |
| Name: | |  | |
| Postal address: | |  | |
| Mobile: | |  | |
| Email: | |  | |

|  |  |
| --- | --- |
| If the transferee is a body corporate, provide details | |
| Name: |  |
| Address: |  |
| Mobile: |  |
| Email: |  |

# Section C – Signature details

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| In accordance with section 70(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: |  |

### Provide the following for an application

1. Email [privatehospitals@health.vic.gov.au](mailto:privatehospitals@health.vic.gov.au) with the completed Schedule 3 form to request an invoice for payment of the prescribed fee (refer to Private Hospitals – fees <https://www.health.vic.gov.au/private-health-service-establishments/fees-for-private-health-service-establishments> for the current prescribed fee). **Payments must be made electronically.**
2. The documents listed in the applicable guide. Guides for assisting with the contemplation of applications are available for download from <https://www.health.vic.gov.au/private-health-service-establishments/forms-checklists-and-guidelines-for-private-health-service>.

## Send the completed form

Please send the signed and completed form by email to the [Private Hospitals](mailto:Private%20Hospitals) & Day Procedure Centres Unit [privatehospitals@health.vic.gov.au](mailto:privatehospitals@health.vic.gov.au)

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| To receive this publication in an accessible format, email the [Private Hospitals & Day Procedure Centres Unit](mailto:privatehospitals@health.vic.gov.au) <privatehospitals@health.vic.gov.au>  Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne. © State of Victoria, Department of Health, May 2022.  Available at [Forms, checklists and guidelines for private health service establishments](https://www.health.vic.gov.au/private-health-service-establishments/forms-checklists-and-guidelines-for-private-health-service) <https://www.health.vic.gov.au/private-health-service-establishments/forms-checklists-and-guidelines-for-private-health-service> |