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| **Approval in Principle (AIP) –  Schedule of Accommodation** |
| Health service establishments  OFFICIAL |

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| Facility / applicant name: |  |
| Facility address: |  |
| Description of project: |  |

Please refer to the schedules of accommodation in each relevant health planning unit in the **Australasian Health Facility Guidelines (AusHFG)** and list all rooms as specified for the type of clinical service being provided.   
Include the total floor area of each proposed room in the new health service establishment.  
List all rooms as specified in the most up to date AusHFG Health Planning Unit.

**NOTE: Any design that departs from the AusHFG will not be approved unless clear patient and/or service benefits can be demonstrated and justified.**   
  
Please provide information in the following format:

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| Health planning unit name/s: (refer to Part B of the AusFG) | | | | | |
| Room / space | AusFG  Qty x (m²) | Design proposal  Qty x (m²) | Complies with AusFG  Y or N | | Reason for departure / comments: Note: include departures from AusFG for room data sheet fixtures and fittings. |
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| Room / space | AusFG  Qty x (m²) | Design proposal  Qty x (m²) | Complies with AusFG  Y or N | Reason for departure/comments  Note: include departures from AusFG for room data sheet fixtures and fittings. | |
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| Architect / designer: |  |
| Company name: |  |
| Signature: |  |
| Date: |  |
| Print name: |  |

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

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