|  |
| --- |
| **Registration – Bed numbers** |
| Day procedure centres - Mobiles  OFFICIAL |

The Department of Health requires details of the prescribed health services to be offered for each health service. For the purpose of this form, please write the services for the health service establishment. This should reflect the number services recorded on the department ‘**Certificate of Registration’** for this facility.   
  
**Please write the speciality health services details in the table below for your facility**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Facility: | | | | | | | |
| services |  | Name of the person completing form | | |  | | |
|  |  | Role of the person completing form | | |  | | |
| Total number of beds on the registration certificate | Nil | Contact details of the person completing form | | |  | | |
|  | | |  |  | |  |
| **Speciality health services** | | |  | **Speciality health services** | |  |
| Anaesthesia **(circle Y or N)** | | | **Y or N** | Paediatric services **(circle Y or N )**  **Specify minimum age for a paediatric admission** at your facility (i.e., **older than 28 days**) | | **Y or N**  **\_\_\_\_\_\_\_ to 18 years of age** |

**Send completed form to:**Please send the completed form to the Private Hospitals & Day Procedure Centres Unit [renewals.phdpc@health.vic.gov.au](mailto:renewals.phdpc@health.vic.gov.au) or [privatehospitals@health.vic.gov.au](mailto:privatehospitals@health.vic.gov.au)

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