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| **Approval in Principle  (AIP) Variation of Certificate Checklist** |
| Health service establishments  OFFICIAL |

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| Facility name: |  | | |
| Facility address: |  | | |
| Item | | Mark with (x) when complete | If item not completed, please detail why (e.g., document not applicable) |
| Pre-AIP application submission meeting with Private Hospitals & Day Procedure Centres Unit | |  |  |
| Schedule 3 – Application for transfer or variation of AIP | |  |  |
| Request an invoice of prescribed fee – this will be forwarded on receipt of the application. | |  |  |
| Written description of the proposed project including alteration to services offered or bed numbers | |  |  |
| Architectural drawings.  1:100 schematic design floor plan  site plan drawn to 1:200 or 1:500 showing the ambulance bay  flow diagram for key clinical areas (such as DOSA, theatres, endoscopy)  proposed finishes at 1:100 scale (basic finishes such as vinyl, slip resistant vinyl, carpet etc).  proposed detailed fitout plan at 1:50 scale for major rooms (can be Generic Room Layout Sheets) | |  |  |
| Schedule of accommodation | |  |  |
| Time frame statement including start/end dates and staging of works if applicable | |  |  |
| Copy of current planning permit, or statement by local council that a planning permit is not required | |  |  |

**Send completed forms to:**Please send the completed checklist and applications 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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