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| **Registration Application for  Variation Checklist** |
| Health service establishments or Mobile health service  OFFICIAL |

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| Health service establishment  or Mobile health service name: |  | | |
| Health service establishment / Business address: |  | | |
| Proprietor’s name: |  | | |
| Item | | Mark with (x) when complete | If item not completed, please detail why (e.g., document not applicable) |
| Schedule 6 – Application for Variation of Registration | |  |  |
| Payment of prescribed fee attached | |  |  |
| Description of variation and supporting documentation | | | |
| An alteration of the number of beds (Health Service Establishment only)   1. Increase or decrease in beds for an existing prescribed health service | | | |
| The type of prescribed health the extra beds will be used for | |  |  |
| The management and staffing arrangements to support the change including qualifications of key staff | |  |  |
| Which beds will be removed from service | |  |  |
| Variation to the kinds of prescribed health services offered | | | |
| The clinical specialities including the type and level of clinical services (acuity) for the prescribed health service | |  |  |
| The proposed model of care | |  |  |
| The management and staffing arrangements to support the change including qualifications of key staff | |  |  |
| Local policies and procedures to support the new service | |  |  |
| The services the facility proposes to discontinue | |  |  |
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| Item | Mark with (x) when complete | If item not completed, please detail why (e.g., document not applicable) |
| Change of the kind of health service establishment (Health Service Establishment only) | | |
| i. from a day procedure centre to a private hospital or | | |
| ii. a private hospital to a day procedure centre | | |
| Beds to be used for overnight accommodation |  |  |
| Overnight management and staffing arrangements |  |  |
| Provide details of agreement with a hospital (public or private) in case a patient requires emergency transfer |  |  |
| Variation of any condition on the registration | | |
| Reason for proposed request to change or remove a condition on registration |  |  |

**Send completed form**Complete the checklist and return it with your application to the Private Hospitals & Day Procedure Centres Unit [Private Hospitals](mailto:Private%20Hospitals) [privatehospitals@health.vic.gov.au](mailto:privatehospitals@health.vic.gov.au)

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