

**Schedule 2 – Application for approval   
in principle (AIP) of a mobile service**

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| Mobile health services  OFFICIAL |

## Section A – Applicant details

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| Full name of applicant *(proprietor)*: |  |
| Name of mobile business: |  |
| Full postal address of applicant: |  |

### Contact person for the purposes of the application

|  |  |
| --- | --- |
| Contact name: |  |
| Position/title: |  |
| Mobile: |  |
| Telephone: |  |
| Email: |  |
| If the application is a body corporate, the name and address of any director or officer of the body corporate who may exercise control over the health service establishment: | |
| Contact name: |  |
| Position/title: |  |
| Mobile: |  |
| Telephone: |  |
| Email: |  |
| Contact name: |  |

## Section B – Health service establishment details

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| Name of proposed business: |  |
| Postal address for business: |  |
| Municipality: |  |
| Telephone: |  |

## 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 leasee.** | |
| 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 2 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. Guides for assisting with the completion of applications are available to download from <https://www.health.vic.gov.au/private-health-service-establishments/forms-checklists-and-guidelines-for-private-health-service>.

**Please send the signed and completed form by email to** [privatehospitals@health.vic.gov.au](mailto:privatehospitals@health.vic.gov.au)

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