|  |
| --- |
| **Schedule 5 – Application for Renewal of Registration** |
| Health service establishment or Mobile health serviceOFFICIAL |

# Section A – Applicant details

Important: **Only the registered company, sole trader or proprietor recorded on the current Certificate of Registration or Renewal of Registration can make an application for renewal of registration.**

|  |  |
| --- | --- |
| Name of health service establishment / facility / mobile health service: |  |
| Full name of applicant (company, sole trader, or proprietor): |  |
| Full postal address of applicant (company, sole trader, or proprietor): |  |
| Name: |  |
| Mobile: |  |
| Telephone: |  |
| Email: |  |
| **If the applicant is a body corporate, name and address of director or officer of the body corporate who may exercise control over the health service establishment.** |
| Name: |  |
| Address: |  |
| Telephone: |  |

# Section B – Health service establishment details

|  |  |
| --- | --- |
| Name of health service establishment or mobile service: |  |
| Address: |  |
| Postal address (if different to above): |  |
| Date of expiry of current registration: |  |
| Telephone: |  |

# Section C – Signature

|  |
| --- |
| **In accordance with Section 88(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 and request an invoice accompanied by the completed
Schedule 5 form. A copy of payment is to be emailed as confirmation of payment for 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); and
2. supporting documentation; and
3. the documents listed in the applicable guide. Guides for assisting with the contemplation of applications are available for download from <https://www.health.vic.gov.au/private-health-service-establishments/forms-checklists-and-guidelines-for-private-health-service>

### Send the completed form

Please send the signed and completed form by email to the Private Hospitals and Day Procedure Centres Unit at privatehospitals@health.vic.gov.au

|  |
| --- |
| To receive this publication in an accessible format, email the Private Hospitals and Day Procedure Centre Unit <privatehospitals@health.vic.gov.au>Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne. © State of Victoria, Department of Health May 2022. Available at [Forms, checklists and guidelines for private health service](https://www.health.vic.gov.au/private-health-service-establishments/forms-checklists-and-guidelines-for-private-health-service) <https://www.health.vic.gov.au/private-health-service-establishments/forms-checklists-and-guidelines-for-private-health-service> |