

# Health Facility Guidelines

## Registration Approval Form

### Purpose:

The purpose of this form is to notify the Applicant of the approval or rejection issued by SHCC for the Registration Submission Stage (Step 1 as set out in Part A – Administrative Provisions) of the application only.

Submission Approval	
'Approval in Principle – Registration' (AIP-R) Approval Number:	
Number of Registration Submission:	
Project:      Nam	
Location/Address	
Legal Plot Number	
Applicant:    Company Name	
Name and Surname	
Business Address	
Business Phone Number	
Business Email	
Date:	
Date of Approval Expiry:	

Type of Approval	
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Notes:	
.....	
.....	
.....	
.....	
..... <i>Head of SHCC Facility</i> <i>Licensing Department</i>	

### Approval Conditions:

In the case of approval, SHCC advises that approval of this 'Application for the Registration Submission' be granted, subject to compliance with Conditions of Approval noted herein and all of the relevant Standards and Guidelines applicable to the subject facility. Upon approval of the 'Registration' (Step 1 as set out in Part A – Administrative Provisions), the 'Schematic Submission' (Step 2 as set out in Part A – Administrative Provisions) of the Approval Process must be lodged in full to the Health Licensing Department of SHCC within **twelve (12) months** of the date of approval on the AIP-R.

### Rejection Conditions:

In the case of rejection, the Applicant is permitted to lodge **one (1) further submission** only for 'Step 1 – Registration Submission'.

### Period of Validity of Approval:

The AIP-R remains valid for **twelve (12) months**, during which 'Step 2 of the Approval Process for Health Facilities' shall be initiated. If required, the validity of the AIP-R (Approval in Principle – Registration) can be extended for a further **twelve (12) months** by special application to the Health Licensing Department of SHCC, prior to expiry of the 12-month period.

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