



Health Facility Guidelines

Schematic Submission Registration Form

Purpose:

The purpose of this registration form is to notify the Local Health Authority of the intent to lodge a Schematic Submission for a comprehensive review against the Standards and Guidelines. The notification will allow the Local Health Authority to streamline incoming documents and ensure adequate staffing is available for the review process. On satisfactory completion of this process the applicant will be given an 'Approval in Principle – Schematic' (AIP-S) certificate

Pre-requisites:

Prior to lodging this Registration Form, we advise the applicant to verify the Health Facility has been registered with the Local Health Authority, through the [Health Facility Registration Form](#). If the Facility was registered, the applicant should have received an "Approval in Principle – Registration" or AIP-R. We advise to transfer the Approval number of the AIP-R to the applicable section below. Further information on the process is available through the [Health Facilities Guidelines – Part A Administrative Provisions](#).

Process to Lodge this Registration Form:

Fill out this form on screen – print – lodge without signature online – sign the printed copy and include it in the Schematic Submission. By return email, the Local Health Authority may confirm the date and time when the submission can be lodged at the Local Health Authority office.

AIP-R Approval Number⁽¹⁾:	
Number of Schematic Submission⁽²⁾:	
Project Name:	
Location / Address:	
Legal Plot Number:	
Size (Gross Floor Area in m²):	
Applicant⁽³⁾ Company Name:	
Name and Surname Executive:	
Role Executive:	
Business Address:	
Business Phone Number:	
Business Email:	
Prequalification Number⁽⁴⁾:	
Date the Schematic Submission will be ready⁽⁵⁾:	

(1) This is the Approval number on the AIP-R form received from the Local Health Authority when the Registration of the Health Facility was approved.
(2) This is the number of times a Schematic Submission was lodged. The maximum number of submissions is 2.
(3) This is the Owner/Operator of the Health Facility. This section is to be filled out by a senior executive.
(4) This is the Local Health Authority prequalification number for all prequalified Owners/Operators.
(5) This is the date the Submission will be ready for submission. The Local Health Authority will advise a date on which the submission can be lodged.

Applicant's Signature and Date:

Signature:
Date:

The Indian Health Facility Guidelines recommends the use of **HFBS** “**Health Facility Briefing System**” to edit all room data sheet information for your project.

HFBS provides edit access to all HFG India standard rooms, departments, and more than 40 report templates.

HFBS Health Facility Briefing System



Briefing Module

The Health Facility Briefing System (HFBS) has numerous modules available via annual subscription. It suits healthcare Architects, Medical Planners, Equipment Planners Project Managers and Health Authorities.

Use the HFBS Briefing Module to quickly drag in health facility departments or pre-configured room templates from the HFG standard, edit the room features such as finishes, furniture, fittings, fixtures, medical equipment, engineering services. The system can print or download as PDF more than 100 custom reports including room data sheets, schedules, and more...

To learn more about the HFBS web-based Healthcare Briefing and Design Software and to obtain editable versions of the “Standard Components” including Room Data Sheets (RDS) and Room Layout Sheets (RLS) offered on the HFG website, signup for HFBS using the link below.

Get Started Now:
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- ✓ HFG India Room Data Sheets and Departments are instantly editable in the HFBS software available online in the HFBS India Domain.
- ✓ You can access hundreds of report templates to print your HFG India room data in HFBS.
- ✓ HFBS has a onetime free 3 day trial available to all new users – signup for the HFBS India Domain today.

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HFBS

Health Facility Briefing System

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