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| Schedule 1 – Application for approval in principle to operate a non-emergency patient transport service |
| Non-Emergency Patient Transport – Licencing |
|  |

Non-Emergency Patient Transport Amendment Regulations 2021 – Regulation 23(1)

## Section A – Applicant details

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| --- | --- | --- |
| **Full name of applicant (person)** | |  |
| **Full postal address of applicant**  **\****cannot be a P.O. Box* | |  |
| **If the applicant is a body corporate (e.g., company, charity, incorporated association):**  the name and address of each director or officer of the body corporate who may exercise control over the NEPT (AIP) service: | | |
| **Name** | **Address** *\*cannot be a P.O. Box* | |
|  |  | |
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|  |  | |

Contact person for the purposes of the application

|  |  |
| --- | --- |
| **Name** |  |
| **Mobile** |  |
| **Telephone** |  |
| **Email** |  |

## Section B – NEPT service

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| --- | --- | --- | --- |
| **This application for an AIP for a NEPT service intending to undertake**  *\*select all that apply* | transport of low acuity patients | transport of medium acuity patients | transport of high acuity patients |

|  |  |  |  |  |
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| **The name or proposed name of the NEPT service and its street address** | Name of NEPT service AIP certificate holder (proprietor of licence) |  | | |
| Name of NEPT service  \**if different from above*  *NB: must be a registered business name* |  | | |
| ABN |  | | |
| Entity Type  \*Note   * *Entity “Holder Type” must match ASIC extract* * *The licence holder cannot be* *a trust* | Individual  Partnership  Company  Charity or Not-for-profit   * ACNC number   Incorporated Association   * Registration number   Other ­­­­­­­­­­­ | | |
| Street address  *\*cannot be a P.O. Box* |  | | |
| Suburb |  | | |
| State |  | Postcode |  |
| Municipal district in which the service is, or is to be, located |  | | |

### Vehicles and aircraft

|  |  |  |
| --- | --- | --- |
| The number and type of stretcher vehicles  *\*licenced for stretcher vehicles only* | ***Type of vehicle*** | ***Number of stretcher vehicles*** |
| Double stretcher vehicle |  |
| Single stretcher vehicle |  |
| Other stretcher vehicle (e.g., High acuity transport vehicle / CPAV) |  |
| **Total stretcher vehicles** |  |

|  |  |  |
| --- | --- | --- |
| The number and type of vehicles (other) and aircraft | ***Type of vehicle*** | ***Number of vehicles*** |
| Sedan, hatchback or station wagon vehicle |  |
| Wheelchair vehicle |  |
| Fixed wing aircraft |  |
| Rotary wing aircraft |  |

|  |  |
| --- | --- |
| **Signature of applicant** |  |
| **Name of applicant** |  |
| **Date** |  |

* Email completed applications to: Attention Manager, [NEPTFirstAidRegulation@health.vic.gov.au](mailto:NEPTFirstAidRegulation@health.vic.gov.au)
* Following receipt and review of an application an invoice will be issued.

NB: The application will be processed once payment is received*.*

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