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| Schedule 5 – Application for transfer of a first aid service licence |
| First Aid Service - Licencing |
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Non-Emergency Patient Transport and First Aid Services (First Aid Services) Regulations 2021 - Regulation 22 (1)

# Section A – Applicant details

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| --- | --- |
| Full name of transferor |  |
| Full postal address of transferor  \**cannot be a PO Box* |  |
| **If the proposed transferee is a body corporate (e.g., company, charity, incorporated association):**  the name and street address of each director or officer of the body corporate who may exercise control over the First Aid Service: | |
| **Name** | **Address** *\*cannot be a PO Box* |
|  |  |
|  |  |
|  |  |
|  |  |

### Contact person for the purposes of the application

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

# Section B – Transfer details

|  |  |  |  |
| --- | --- | --- | --- |
| **Summary of the proposed transfer** |  | | |
| The class of First Aid Service licence to be transferred | basic first aid service | intermediate first aid service | advanced first aid service |
| Date of expiry of current First Aid Service licence |  | | |

### Proposed transfer details

#### Transferor (*transferring from*)

|  |  |
| --- | --- |
| Name (individual) |  |
| Mobile |  |
| Postal address *\*cannot be a PO Box* |  |
| Telephone |  |
| Email |  |

#### Transferee (*transferring to*)

|  |  |
| --- | --- |
| Name (individual) |  |
| Mobile |  |
| Postal address *\*cannot be a PO Box* |  |
| Telephone |  |
| Email |  |

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| --- | --- | --- | --- | --- |
| **The name or proposed name of the First Aid Service and its street address**  **(transferee)** | Name of First Aid Service licence holder (proprietor of licence) |  | | |
| Name of First Aid 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 |  |

### Authorisation

|  |  |
| --- | --- |
| Name of transferor |  |
| Signature of transferor |  |
| Date |  |
|  |  |
| Name of transferee |  |
| Signature of transferee |  |
| 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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