

Schedule 5

Regulation 29

Non-Emergency Patient Transport Act 2003 Non-Emergency Patient Transport Regulations 2005

APPLICATION FOR VARIATION OR TRANSFER OF CERTIFICATE OF APPROVAL IN PRINCIPLE OF A NON-EMERGENCY PATIENT TRANSPORT PROVIDER

SECTION A

1. Full name of applicant:
2. Postal address of applicant:
3. The name, telephone and facsimile numbers and email address of a contact person for the purposes of the application:

SECTION B

1. The name (or proposed name) of non-emergency patient transport provider, its street address and the municipal district in which the business is to be located:

2. This application is for approval in principle for:
 - *variation of the certificate of approval in principle or any condition to which it is subject; or
 - *transfer of the certificate of approval in principle to another person.
3. Reason for the proposed variation:

4. If the application relates to the transfer of the certificate to another person—
 - (a) the name of that person; and
 - (b) the postal address of that person; and
 - (c) that person's, telephone and facsimile numbers and email address.
6. If the transferee is a body corporate, the name and address of any director or officer of the body corporate who may exercise control over the private hospital or day procedure centre:

Signature of applicant:

Name of each signatory (in BLOCK LETTERS)

Date:

*(Strike out whichever does not apply)