

Schedule 4

Regulation 28

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

APPLICATION FOR APPROVAL IN PRINCIPLE TO OPERATE A NON-EMERGENCY PATIENT TRANSPORT SERVICE

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:

4. If the applicant is a body corporate, the name and address of a director or officer of the body corporate who may exercise control over the non emergency patient transport provider:

SECTION B

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

2. This application is for an approval in principle for a non emergency patient transport provider intending to undertake:
 - *transport of low acuity patients
 - *transport of medium acuity patients
 - *transport of high acuity patients

3. The proposed number and types of vehicles:

Type of vehicle:

Number of vehicles:

* road

*fixed wing aircraft

*rotary wing aircraft

Signature of applicant:

Name of each signatory (in BLOCK LETTERS)

Date:

*(Strike out whichever does not apply)