

Schedule 6

Regulation 32

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

APPLICATION FOR STAND-BY SERVICE ACCREDITATION

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 of the non-emergency patient transport provider and its street address:
2. Date of expiry of current license:
3. Class of current license:

Signature of applicant:

Name of each signatory (in BLOCK LETTERS)

Date:

*(Strike out whichever does not apply)