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| Checklist for an application for variation of a First Aid Service Licence |
| First Aid Service – Licence class variation |
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| **Instructions:**   * Complete each field marked with the following text field * Complete the ‘attached’ column with either ‘Y’ or ‘N’ * Complete the ‘Document’ column with the exact document title and version number. Ensure version control has been updated for any amended documents (add rows as needed if attaching multiple documents) * Complete the ‘Document Status’ column with either: new/ updated/ no change   For additional information refer to the *Guideline for an application for variation of a First Aid Service Licence*  Email checklist and supporting documents to: Attention Manager, [NEPTFirstAidRegulation@health.vic.gov.au](mailto:NEPTFirstAidRegulation@health.vic.gov.au) |

## Contact person for the purposes of the application

|  |  |
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| Full name of applicant |  |
| Trading name of First Aid Service |  |

## Checklist

| No. | Topic | Attached (Y/N) | Document/s (incl. version) | Document Status (New/updated/no change) | Comments |
| --- | --- | --- | --- | --- | --- |
| 1 | * Schedule 6 – Application for variation of a First Aid Service Licence |  |  |  |  |
|  | * Payment of prescribed fee |  |  |  |  |
| * Clinical advisor meeting held |  |  |  |  |
| Variation evidence | | | |  |  |
| 2 | *Scope of Practice* | | | | |
| * First Aid Service level assessment |  |  |  |  |
| * Scope of clinical practice (clinical practice guidelines) |  |  |  |  |
| 3 | * Clinical governance |  |  |  |  |
|  | * [*add more if required*] |  |  |  |  |
|  | * Staff credentialling |  |  |  |  |
|  |  |  |  |  |  |
| 4 | * Quality Assurance Plan |  |  |  |  |
|  |  |  |  |  |  |
|  | * Quality Assurance Certificate of Accreditation (advanced only) |  |  |  |  |
| 5 | Infection control management plan |  |  |  |  |
| 6 | *Reporting* | | | | |
|  | * Staff Records |  |  |  |  |
|  | * Patient Care Records |  |  |  |  |
|  | * Complaint policy |  |  |  |  |
|  | * Complaint register |  |  |  |  |
| 7 | *Equipment maintenance* | | | | |
|  | * Annual equipment maintenance schedule |  |  |  |  |

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