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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 |

## 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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