|  |
| --- |
| Schedule 1 – Application for approval in principle to operate a non-emergency patient transport service |
| Non-Emergency Patient Transport – Licencing  |
|  |

Non-Emergency Patient Transport Amendment Regulations 2021 – Regulation 23(1)

## Section A – Applicant details

|  |  |
| --- | --- |
| **Full name of applicant (person)** |       |
| **Full postal address of applicant** **\****cannot be a P.O. Box* |       |
| **If the applicant is a body corporate (e.g., company, charity, incorporated association):** the name and address of each director or officer of the body corporate who may exercise control over the NEPT (AIP) service: |
| **Name** | **Address** *\*cannot be a P.O. Box* |
|  |            |
|  |            |
|  |            |
|  |            |

Contact person for the purposes of the application

|  |  |
| --- | --- |
| **Name** |       |
| **Mobile** |       |
| **Telephone** |       |
| **Email** |       |

## Section B – NEPT service

|  |  |  |  |
| --- | --- | --- | --- |
| **This application for an AIP for a NEPT service intending to undertake***\*select all that apply* | [ ]  transport of low acuity patients | [ ]  transport of medium acuity patients | [ ]  transport of high acuity patients |

|  |  |  |
| --- | --- | --- |
| **The name or proposed name of the NEPT service and its street address** | Name of NEPT service AIP certificate holder (proprietor of licence)  |       |
| Name of NEPT service\**if different from above**NB: must be a registered business name*  |       |
| ABN |       |
| Entity Type\*Note* *Entity “Holder Type” must match ASIC extract*
* *The licence holder cannot be* *a trust*
 | [ ]  Individual[ ]  Partnership[ ]  Company[ ]  Charity or Not-for-profit* ACNC number

[ ]  Incorporated Association* Registration number

[ ]  Other ­­­­­­­­­­­      |
| Street address*\*cannot be a P.O. Box* |       |
| Suburb |       |
| State  |       | Postcode |       |
| Municipal district in which the service is, or is to be, located |       |

### Vehicles and aircraft

|  |  |  |
| --- | --- | --- |
| The number and type of stretcher vehicles *\*licenced for stretcher vehicles only* | ***Type of vehicle*** | ***Number of stretcher vehicles*** |
| Double stretcher vehicle |       |
| Single stretcher vehicle |       |
| Other stretcher vehicle (e.g., High acuity transport vehicle / CPAV) |       |
| **Total stretcher vehicles**  |       |

|  |  |  |
| --- | --- | --- |
| The number and type of vehicles (other) and aircraft | ***Type of vehicle*** | ***Number of vehicles*** |
| Sedan, hatchback or station wagon vehicle |       |
| Wheelchair vehicle |       |
| Fixed wing aircraft |       |
| Rotary wing aircraft  |       |

|  |  |
| --- | --- |
| **Signature of applicant** |       |
| **Name of applicant** |       |
| **Date** |       |

* Email completed applications to: Attention Manager, NEPTFirstAidRegulation@health.vic.gov.au
* Following receipt and review of an application an invoice will be issued.

NB: The application will be processed once payment is received*.*

|  |
| --- |
| To receive this document in another format, email NEPT, First Aid and Investigations <NEPTFirstAidRegulation@health.vic.gov.au>Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.© State of Victoria, Australia, Department of Health, September 2023.Available at [NEPT](https://www.health.vic.gov.au/patient-care/non-emergency-patient-transport) <https://www.health.vic.gov.au/patient-care/non-emergency-patient-transport> |