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| Schedule 2 – Application for variation or transfer of certificate of approval in principle to operate a first aid service |
| First Aid Service - Licencing |
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Non-Emergency Patient Transport and First Aid Services (First Aid Services) Regulations 2021 - Regulation 18(1)

# Section A – Applicant details

The applicant is the person who is seeking to transfer the certificate, or to vary the certificate.

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

### Contact person for the purposes of the application

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

# Section B – Variation or transfer details

|  |  |  |
| --- | --- | --- |
| Name (or proposed name) of the First Aid Service (AIP) |  | |
| **Application type** | Variation of the certificate of approval in principle or any conditions to which it is subject | Transfer of the certificate of approval in principle to another person |

### Proposed variation details:

|  |  |  |  |
| --- | --- | --- | --- |
| **Provide the reason for the proposed variation**  *Variation of the certificate of AIP*  *or*  *Any conditions to which it is subject* | \*or N/A for transfer only | | |
| The class of First Aid Service certificate (AIP) to be transferred | basic first aid service | intermediate first aid service | advanced first aid service |

### \_ \_ \_

### Proposed transfer details

#### Transferor (*transferring from*)

|  |  |
| --- | --- |
| Name |  |
| Mobile |  |
| Postal address |  |
| Telephone |  |
| Email |  |

#### Transferee (*transferring to*)

|  |  |
| --- | --- |
| Name |  |
| Mobile |  |
| Postal address |  |
| Telephone |  |
| Email |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **The name or proposed name of the First Aid Service (AIP) and its street address**  **(transferee)** | Name of First Aid Service AIP certificate holder (proprietor of certificate) |  | | |
| Name of First Aid 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 |  |

### Authorisation

|  |  |
| --- | --- |
| Name of proposed transferee | or N/A for variation only |
| Signature of proposed transferee | or N/A for variation only |
| Date | or N/A for variation only |
| Name of licensee  (transferor or for variation) |  |
| Signature of licensee  (transferor or for variation) |  |
| Date |  |

* Email completed applications to: Attention Manager, [NEPTFirstAidRegulation@health.vic.gov.au](mailto: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*.*

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