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| Schedule 6 – Application for variation of a first aid service licence |
| First Aid Service – Licencing |
| OFFICIAL |

Non-Emergency Patient Transport and First Aid Services (First Aid Services) Regulations 2021 - Regulation 23(1)

# Section A – Applicant details

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| --- | --- |
| Full name of applicant (person) |  |
| Full postal address of applicant  \**cannot be a P.O. Box* |  |

### Contact person for the purposes of the application

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

# Section B – Variation details

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| --- | --- |
| The nature of the variation sought | Variation of licence |
| Variation of condition to which the licence is subject |
| Details of the variation sought\*   * If you are seeking a variation to a higher class of first aid licence (e.g., from intermediate to advanced), you will be required to supply supporting evidence of your organisation’s capacity to provide this level of service. |  |

### Authorisation

|  |  |
| --- | --- |
| Signature of applicant |  |
| Name of applicant |  |
| 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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