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| Accountant’s statement for a First Aid Service Licence |
| First Aid Service - Licencing |
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This form is completed by the applicant to assist the delegate in ascertaining the financial capacity of the First Aid Service Licence provider.

**Section 42** of the *Non-Emergency Patient Transport and First Aid Services Act 2003 (Vic*) (the Act) requires the Secretary of the Department of Health to consider whether the First Aid licence or certificate holders are of sound financial reputation and stable financial background.

The Act details these requirements in the following sections: Approval in Principle (AIP) – Section 42N, Licencing – Section 42T, Renewal of a Licence – 42ZA, Transfer of a Licence – 42ZD and Variation of a Licence – 42ZJ.

The following statement is to be completed by a Certified Practicing Accountant (CPA) or Associate Chartered Accountant (ACA). This statement is provided for the sole purpose of assisting the Department to assess an application made under the Act.

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| Name of First Aid provider (trading name) |  |
| Name of First Aid Services Licence/Certificate holder (proprietor of licence) |  |
| Accounting practice business name |  |
| Accountant’s name |  |
| Accountant’s address | Postcode: |
| Qualification | Chartered Accountant  Certified Practicing Accountant |
| I have considered all relevant documentation relating to the financial affairs of the above First Aid licence/certificate holder. I am satisfied that at the time of making this statement, the licence/certificate holder:   * has, and is likely to continue to have, the financial capacity to operate a First Aid service for a period of two (2) years; * is able to pay payroll and associated staff costs and * is able to pay its debts when they become due and payable. | |

 Please attach any qualifications to, or explanations of, the above statement that you may wish to make.

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| Full name of Declarant (please print) |  | | |
| Signature of Declarant |  | Date | Click here to enter a date. |

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