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| Checklist for a First Aid Service Licence |
| First Aid Service - Licencing |
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Please complete the checklist and return it with your application to [NEPTFirstAidRegulation@health.vic.gov.au](mailto:NEPTFirstAidRegulation@health.vic.gov.au)

Incomplete applications may be returned to the applicant.

## Contact person for the purposes of the application:

|  |  |
| --- | --- |
| Full name of applicant |  |
| Trading name and address of First Aid Service provider |  |

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| No. | Item | Q | If not attached, please detail why (i.e. document not applicable) |
| 1 | Schedule 3 – Application for a First Aid Services Licence |  | Issued |
|  | Payment of prescribed fee attached |  |  |
| 2 | **Please provide the appropriate information required for your kind of entity** | | |
|  | **A. Natural person (including partnerships)** | | |
|  | * Name, address, contact phone etc |  |  |
|  | **B. Company** | | |
|  | * Registered company office details |  |  |
|  | * Australian Securities and Investments Commission (ASIC) company extract search *obtained in the last 30 days* |  |  |
|  | * Names of directors (*attach form*) |  |  |
|  | * If subsidiary company, a company structure chart |  |  |
|  | **C. Incorporated Association or other body corporate** | | |
|  | * Registered office of the incorporated association or body corporate |  |  |
|  | * Certificate of Incorporation or other documents |  |  |
|  | * Most recent Annual Report or Annual Return |  |  |
|  | * Names of board members or controlling office bearers (*attach form*) |  |  |
| No. | Item | Q | If not attached, please detail why (i.e. document not applicable) |
| 2 cont. | **For each natural person or director or officer of the body corporate who does or who may exercise control over the First Aid service** | | |
|  | Declaration of fitness and propriety (*attach form*) |  |  |
|  | Police check certificate issued within the past 6 months |  |  |
| 3 | Accountant’s statement (*attach form*) |  |  |
| 4 | Business name extract |  |  |
| 5 | Clinical governance | | |
|  | * First Aid Service Level assessment (*attach form*) |  |  |
|  | * Scope of clinical practice |  |  |
|  | * Clinical governance |  |  |
|  | * Staff credentialling |  |  |
| 6 | Insurance |  |  |
| 7 | Quality Assurance | | |
|  | * Intermediate First Aid License holder * Quality Assurance Plan |  |  |
|  | * Advanced First Aid Licence holder * Development of Quality Assurance Plan or gap analysis provided by accreditation provider |  |  |
|  | * Accredited Quality Assurance Program and Certificate of Accreditation |  |  |
| 8 | Infection control management plan  \**For Intermediate and Advanced First Aid Service Licence holders only* |  |  |
| 9 | Reporting | | |
|  | * Reporting of sentinel and adverse patient safety events |  |  |
|  | * Records |  |  |
|  | * Complaints |  |  |
| 10 | Inspection and maintenance of equipment | | |
|  | * Development of annual maintenance/inspection plan |  |  |
|  | * Arranged site visit with Senior Clinical Advisor |  |  |

Please refer to the *Guideline to an application for a First Aid Service Licence* for further guidance.

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

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