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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 |
| OFFICIAL |

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 |  |
| Full postal address of applicant |  |

### Contact person for the purposes of the application:

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

# Section B – Transfer or variation details

|  |  |  |
| --- | --- | --- |
| Name (or proposed name) of the first aid service |  | |
| **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** | or N/A for transfer only |

### Proposed transfer details:

#### Transferee

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| The name of the first aid service and its street address (transferee)  \*If existing first aid services (AIP) licence holder | Name of first aid service | | | |  | | |
| ABN | | | |  | | |
| Street address | | |  | | | |
| Suburb | |  | | | Postcode |  |
| **If the proposed transferee is a body corporate,** the name and street address of each director or officer of the body corporate who may exercise control over the first aid service: | | | | | | | |
| **Name** | | **Address** | | | | | |
|  | |  | | | | | |
|  | |  | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| The class of first aid service licence (AIP) to be transferred | Basic | Intermediate | Advanced |

### Transferee (contact details:

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

### 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 (transferer or for variation) |  |
| Signature of licensee (transferer or for variation) |  |
| Date |  |

**Notes:**

This application must be accompanied by the prescribed fee and supporting documents.

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

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