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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

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