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| Schedule 5 – Application for transfer of a first aid service licence |
| First Aid Service - Licencing |
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Non-Emergency Patient Transport and First Aid Services (First Aid Services) Regulations 2021 - Regulation 22 (1)

# Section A – Applicant details

|  |  |
| --- | --- |
| Full name of transferor |  |
| Full postal address of transferor |  |

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

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

# Section B – Transfer details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of the first aid service | |  | | |
| Street address of current first aid service | |  | | |
| The proposed name of the first aid service *on transfer* | |  | | |
| The proposed street address of the first aid service *on transfer* | |  | | |
| Date of expiry of current first aid service licence | |  | | |
| The class of first aid service licence to be transferred | Basic | | Intermediate | Advanced |

### Transferee details:

|  |  |  |
| --- | --- | --- |
| Name |  | |
| Postal address |  | |
| Telephone |  | |
| Email |  | |
| **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** | | **Street address** |
|  | |  |
|  | |  |
|  | |  |

### Authorisation:

|  |  |
| --- | --- |
| Name of proposed transferee |  |
| Signature of proposed transferee |  |
| Date |  |
| Name of licensee (transferor) |  |
| Signature of licensee (transferor) |  |
| 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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